

LO2000019576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

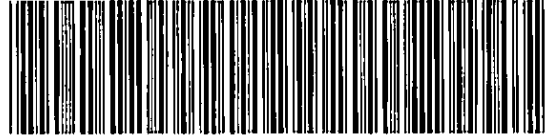
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2018 AUG 31 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

D BRUCE  
SEP 08 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Entertainment Real Estate L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lois Cowen

Name of Person

Entertainment Real Estate L.C.

Firm/Company

2875 NE 191 ST PH S

Address

Aventura FL 33180

City/State and Zip Code

Lois @ Nykoncerts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois Cowen

Name of Person

at ( 954 ) 457 9120

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2018 AUG 31 PM 3:52  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Entertainment Real Estate LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2875 NE 191 ST PHS  
Adventure FL 33180

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Same

8124112

L020000 19576

3. Date of filing/registration in Florida

4. Document number

5. (a) Arie Koduri  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

215 N Federal Highway  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Hallandale Beach, FL 33009

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Arie Koduri

NEW Registered Office Address:

2875 NE 191 ST PHS

Adventure, FL 33180

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2018 AUG 31 PM 3:52  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Arie Koduri  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Signature of Registered Agent