LO4 0000 17475

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u></u>	WAIT	_			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		ı			

Office Use Only



600370971306

08/19/2021 JH

FILED

2021 AUG -6 PM 6: 28

SECRETARY OF STATE
AND AUGSSET FIRE

COVER LETTER

ion of Corporations					
EXTREME ENTERTAINMENT, LLC Name of Limited Liability Company					
Registered Agent/Registered	l Office Chan	ge and	fee(s) are submitted for filing.		
all correspondence concerni	ng this matter	to the f	ollowing:		
tein					
Name of Person			_		
ertainment, LLC					
Firm/Company					
ze Blvd, Bahia Mar Yachting C	enter, Suite G				
Address			_		
lale, FL 33316					
City/State and Zip Co	ode				
com					
address: (to be used for futur	e annual repo	rt notifi	cation)		
formation concerning this m	atter, please e	all:			
stein	at (954	779-7440)		
Name of Person			Area Code & Daytime Telephone Number		
ing Address: stration Section sion of Corporations Box 6327 shassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
osed is a check for the follo	wing amount	t:			
5 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		
	EXTREME ENTERTAINMI adam: Registered Agent/Registered all correspondence concerning their Name of Person ertainment, LLC Firm/Company Blvd, Bahia Mar Yachting Company Address ale, FL 33316 City/State and Zip Company City/State and Zip Company Company Company Company City/State and Zip Company Company City/State and Zip Company Company	Name of Lingadam: Registered Agent/Registered Office Charmall correspondence concerning this matter at the stein Name of Person Pertainment, LLC Firm/Company Registered Blvd, Bahia Mar Yachting Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State and Zip Code Registered Agent/Registered Office Charmalle Center, Suite Gale, FL 33316 City/State Agent/Registered Office Cha	Registered Agent/Registered Office Change and all correspondence concerning this matter to the facilities. Name of Person Pertainment, LLC Firm/Company The Blvd, Bahia Mar Yachting Center, Suite G Address Falc, FL 33316 City/State and Zip Code Companded concerning this matter, please call: Stein Address: Stein 954 At (Name of Person Sing Address: Stration Section Sion of Corporations Box 6327 hassee, FL 32314 Posed is a check for the following amount:		

TO:

Registration Section

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.

ł.	Na	me of the limited liability company:	ERTAI	NMENT, LI	LC 		
2.	(a)		(b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		801 Seabreeze Blvd, Bahia Mar Yachting Center, Suite C		801 Seabr	eeze Blvd, Bahia Mar Yachting Center, Ste C		
		Fort Lauderdale, FL 33316	_	Fort Laude	erdale, FL 33316		
		03/04/2004		L0400001	17475		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
υ.	(4)	Registered Agent and Registered Office shown on the records of the MICHAEL A. PFUNDSTEIN	e Florida	Dept. of Stat	te:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
		888 East Las Olas Blvd, 4th Floor					
		Fort Lauderdale, FL	33301		2021 AUG: SECRETI		
					ART & T		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- ASSERT		
		the flame of 142 W Registered Reg			Fig. P. M.		
		MIKE PFUNDSTEIN			2 S 6 9		
		NEW Registered Office Address:					
		801 Seabreeze Blvd, Bahia Mar Yachting Center, Suite G		_			
		Fort Lauderdale , FL	33316				
ch ag wa the	ange ent v as/we e arti beret ovisi obl mere tified	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line of a member or authorized representative of a member obvious of all statutes relative to the proper and complete points of my position as registered agent as provided if the writing of this change. The of Registered Agent /	egistere ility co the lim mited l M	ed office an mpany, it is ited liability con ike Pfundste	and the business office of the registered as hereby confirmed that the change(s) ty company or as otherwise provided in mpany. ein Printed or typed name of signee practive I further agree to comply with the		