## L06000050703

(Real	uestor's Name)					
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RA Change (Office)

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## **COVER LETTER**

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: SHAPES AND PAGES  Name of Limited Liab	oility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	Howing:
KEVIN CLINTON  Name of Person	-
SHAPES AND PAGES, U.C. Firm/Company	-
SOI YAMATO ROAD Address	-
BOCA RATOW, FL 33 431 City/State and Zip Code	20
KEVIN & SHAPES AND PAGES. Com E-mail address: (to be used for future annual report notifies	
For further information concerning this matter, please call:	P# 12:
KEVIN CLINTON at ( 574	) 303-9530 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAI Registration Section Regis Division of Corporations Divis Clifton Building P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
/ Control of the tonoring amount	

☐ \$55 Filing Fee & Certified Copy

## 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.

I. Na	me of the limited liability company: SHAPES 1	AND F	AGES	LLC	
2 (0)		(b)		•	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of lim (Note: MAY BE PO	ited liability company:
	SOI Yamato Road Suite 1240		30(	Yamato Read	
	Boca Radon, FL 33431	_	Boca	Yamato Rad Radou, PL	73431
	05/17/2006		LOG	500005070°	7
3.	Date of fiting/registration in Florida	4.		Document number	<del></del> -
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida l	Dept. of Sta	nte:	
	ANDREW SPERBER			_	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		_	
	6001 BROKEN SOUND PARKWAY	Suit	te 200	<u>)</u>	
	BOCA RATION . FL.	3348	P7-	_	
(b)	ANDREW SPERBER				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>геss</u> :	_	SELTRE TAR VISION OF 1
	NEW Registered Office Address:			_	OR COR LED
	1571 SAWGRASS CORPORATE PK	WY S	'UITE	<u>4</u> 00	OF STATE OF STATE RECRATIO PH 12: 43
	SUNRISE .FL	333	23	_	SKOLS FORS
Signar I here provisi the obl to mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the sure of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. The Fin writing of this change.	vs of the S the regist ability cor f the limi limited limi	State of Fered office of the original office of the original of the original office office of the original office of the original office of the original office offic	ce and the business is hereby confirmed ity company or as o impany.  EVA CLIM  Printed or typed name pacity. I further as	office of the registered d that the change(s) therwise provided in the of signed tree to comply with the

Signature of Registered Agent