t #/- \$

## 10700081965

(Requestor's Name)			
(Address)			
· (Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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OB AUG 22 PM 3: 28
SECRETARY OF STATE
PALLAHASSEE FROM

M. THOMAS

AUG 2 5 2008

**EXAMINER** 

## **COVER LETTER**

	OVERLETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Closet Box Studio, LLC		_
	imited Liability Company)	-
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Ernesto Guerrero		
(Name of Person)		·
Closet Box Studio, LLC		Zv. 0
(Firm/Company)		OB AUG 22 PM SECRETARY OF I
1562 NE 191st St Apt#112		SE X 28
(Address)	<del> </del>	
		고 <del>기</del> 글
		PH 3:
North Miami Beach, Florida 33179		を表
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Ernesto Guerrero at	( 214 ) 289-4024	_
(Name of Person)	(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 a	mount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. N	ame of the limited liability company: Closet Box	Studio, LLC	
2. (a	) Principal office address of limited liability compar	v: 1562 NE 191st St Apt#112	
2. (	(Note: MUST BE STREET ADDRESS)	North Miami Beach, Florida 33179	a
(b	) Mailing address of limited liability company:	1562 NE 191st St Apt#112	
	(Note: MAY BE POST OFFICE BOX)	North Miami Beach, Florida 33179	•
08/09	9/2007	L07000081965	
3. D	ate of filing/registration in Florida	4. Document number	
5. (	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	Amanda Roath	
	Registered Office Address:	Corporation Service Company	_
		1201 Hays Street ≧	3
		Tallahassee, FL, 32301	DA AUG
(b	) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:	22
	NEW Registered Agent:	Ernesto Guerrero	PH
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1562 NE 191st St Apt#112	3: 28
	MOST BE PEURIDA STREET ADDRESS	North Miami Beach ,FL 33179	<b></b>
that a office herek liabil limite	e limited liability company is not organized under the after the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the by confirmed that the change(s) was/were authorized ity company or as otherwise provided in the articles ded liability company.	et address of the registered office and the busine case of a Florida limited liability company, it is	SS
<b>-</b>	4-0		
	sto Guerrero ed or typed name of signee)	<del></del>	
`	reby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr imiliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a rm that the limited liability company has been notifie	agree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter change in the registered office address, I hereby d in writing of this change.	nd I 608,
4	MASCLEONICO	·	
(Signa	ture of Registered Agent)		

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 FILING FEE: \$25.00