## Florida Department of State Division of Comporations

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		Division of Corporations						
		Fax Number	: (850)617-6383					
Š	From:							
		Account Name	: REGISTERED AGENTS INC.					
		Account Number	: 120090000081					
:		Phone	: (307)200-2803					
,		Fax Number	: (855)330-1010					
<del>-</del> .	**Enter the e	mail address for	r this business entity to be used for	future				
2023	annual :		Enter only one email address please.					
	Email A	dance :		: -				

## LLC REGISTERED AGENT CHANGE SBS STUDIOS, LLC

Certificate of Status	0		
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Page Count	02		
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JAN 23 2023

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

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

. Na	ame of the limited liability company: SBS Stuc	dios, LLC				
!. (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)				
	664 Lewes Landing Road	664 Lewes Landing Rd				
	Middletown DE 19709	Middletown DE 19709				
	01/02/09	L0900000400				
-	Date of filing/registration in Florida	<b>- 1</b> .	Document nu	mber		
. (a)	SANTIAGO, SHANE B					
. (4)	Registered Agent and Registered Office shown on the records of t	<u>-</u> il€.				
	3925 PALM WAY					
	Registered Office Address (MUST BE FLORIDA STREET A	<del></del>				
	JACKSONVILLE BEACH . FIL.  Northwest Registered Agent L	_	<u>:-</u> :• .	2023 JAH 20	). T	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	_	:. ::,	120		
	7901 4th St N			) P# 2:		
	NEW Registered Office Address.	<del></del>	•	J		
	STE 300	_		<b>∵</b> 1		
	St. PetersburgFL	33702				
ie cha gent v ras/we ie arti	imited liability company is not organized under the law inge 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 limited a member or authorized representative of a member.	the registered office this bility company, it for the limited liability control to the limited liability control to the limited liability control to the liability control	re and the busing is hereby confir ty company or a	ess office mied that t	of the . he cha	registered nge(s)
Signal	ture of a member or authorized representative of a member		Printed or typed	name of sig	nee	
nerei rovisi 1e obl 2 mero otifieo	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have been as this change, in the registered office address. I have been as this change.	ee to act in this cap performance of my I for in Chapter 60 tereby confirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited lial	agree to on familiar is docume pility comp	comply with a ont is be oany ha	with the nd accept eing filed is been
ienatii	Taylor Newman - Assistant	. Secretary				

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