

# L10000039755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

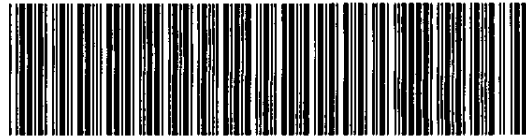
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100188420951

12/20/10--01026--026 \*\*55.00

FILED  
10 DEC 20 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC 21 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oldschool Interactive LLC  
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:

Alexis Chacón  
Name of Person

Oldschool Interactive LLC  
Firm/Company

6616 Marina Pointe Village CT, Apt. 203  
Address

Tampa FL 33635  
City/State and Zip Code

weapon221@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Chacón at ( 787 ) 340-6912  
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 amount:**

☐ \$25 Filing Fee

☒ \$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 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. Name of the limited liability company: Oldschool Interactive LLC
2. (a) Principal office address of limited liability company: 14626 Gateway Pointe Cir.  
Apt 14207  
Orlando FL 32821  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 14626 Gateway Pointe Cir  
Apt 14207  
Orlando FL 32821  
**(Note: MAY BE POST OFFICE BOX)**
- April 13 2010
3. Date of filing/registration in Florida
4. Document number C10000039755

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

Registered Agent:

Alexis Chacon

Registered Office Address:

14626 Gateway Pointe Cir  
Apt 14207  
Orlando FL 32821

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

NEW Registered Agent:

Alexis Chacon

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

6616 Marins Pointe Village Ct  
Apt 203  
Tampa, FL 33635

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.

Alexis Chacon

Signature of a member or authorized representative of a member

Alexis Chacon

Printed or typed name of signer

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 608, 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.

Alexis Chacon

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00