~ L10000 105527

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INHS18 (2/14)

TO: Registration Section Division of Corporations	, , , ,					
SUBJECT: PLACEMAKER Name	DESIGN STUDIO LUC of Limited Liability Company					
Dear Sir or Madam:						
The analog d Designatured A cont/Designatured Office	Characteristics (a) an arbacitant for Clina					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
GINEVRA ANUSZKIEWILZ Name of Person						
Name of Person						
PLACEMAKER DESIGN STL Firm/Company	IDIO, LLC					
3000 GULF TO BAY BLVD.	SUITE 402					
CITY/State and Zip Code	9					
ginevra @ placemakerdesignstud E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
CINEURA ANUSZKIEWICZ Name of Person	at (727) 726 - 6/24 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
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 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

1. Na	me of the limited liability company:PLACE	MAKE	R DES	IGN STUDI	0,46
2. (a)	3000 GULF TO BAY BLVD.	(b) 3000 GULF TO BAY BLVP.			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	54 ITE 402		SHIT	E 402	
	CLEARWATER FL 33759	-	(الحا	ARWATER	,FL 33759
	10 108 12010		L1	000010552	-3
3.	Date of filing/registration in Florida	4.	1	Document numb	er
5. (a)	ANUSZKIEWICZ, CHRISTOPHER Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:		
	3000 GULF TO BAY BLVD.		•		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	SUITE 301				
	CLEARWATER ,FL	3315	9		2016 JUL-5 SELGHASS
					E 77
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office adds	, dee.		JUL-5
		Jilice addi	<u>cas</u> .		ASSEE L
	3000 GULF TO BAY BLVD.				MII: 5
	NEW Registered Office Address:				REA 57
	SHITE 402				Tight
	CLEARWATER , FL	3375	9		
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the registe bility con f the limit	ered office npany, it is ed liability	and the business hereby confirme company or as of	office of the registered ed that the change(s)
C:	/ Com	61	NEVRA	ANUSZKIE Printed or typed nar	WICZ
_	nure of a member or authorized representative of a member				
noussec	by accept the appointment as registered agent and agree 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 had in writing of this change.	e to act to performan I for in Ch ereby con	n inis capa ace of my d aapter 605, ifirm that ti	city. I juriner ag uties, and I am f F.S. Or, if this o he limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
	()				

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