

L11000084780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

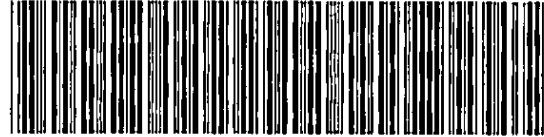
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400322186344

01/17/19--01017--018 **25.00

FILED
2019 JAN 17 P 1:16
A

JAN 24 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oscar Rosa Films, 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:

Oscar Rosa
Name of Person

Oscar Rosa Films, LLC
Firm/Company

912 Puma Trail
Address

Winter Springs, FL 32708
City/State and Zip Code

oscarma1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Rosa at (407) 285-2839
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 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. Name of the limited liability company: Oscar Rosa Film, LLC

2. (a) 912 Puma Trail Winter Springs Fl, 32708
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

912 Puma Trail

Winter Springs, FL 32708

(b) 912 Puma Trail Winter Springs Fl, 32708
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

912 Puma Trail

Winter Springs, FL 32708

1-14-2019

3. Date of filing/registration in Florida

L1100084780

4. Document number

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

912 Puma Trail Winter Springs Fl, 32708
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

912 Puma Trail

Winter Springs, FL 32708

(b) Oscar Rosa
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:


Oscar Rosa Film, LLC
NEW Registered Office Address:

912 Puma Trail

Winter Springs, FL 32708

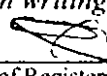
FILED
2019 JAN 17 PM 1:16
TALLAHASSEE, FL

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.


Signature of a member or authorized representative of a member

Oscar Rosa
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 605, 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.


Signature of Registered Agent