

Division of Corporations

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**L12000046577**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP  
Account Number : 120060000021  
Phone : (561) 833-9300  
Fax Number : (561) 655-5551

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Email Address: Dana.Walkup@Saul.com

**LLC REGISTERED AGENT CHANGE  
S&J CRAZY LIZARDS ENTERTAINMENT, LLC**

Certificate of Status	0
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T. CLINE

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EXAMINER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S&J CRAZY LIZARDS ENTERTAINMENT, 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:

Antoinette Theodossakos

Name of Person

Saul Ewing Arnstein & Lehr, LLP

Firm/Company

515 North Flagler Drive, Suite 1400

Address

West Palm Beach, Florida 33401

City/State and Zip Code

antoinette.theodossakos@saul.com

E-mail address: (to be used for future annual report notification)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Antoinette Theodossakos at ( 561 ) 833-9800  
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: S&J CRAZY LIZARDS ENTERTAINMENT, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1000 North Congress Avenue

West Palm Beach, FL 33409

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1000 North Congress Avenue

West Palm Beach, FL 33409

04/04/2012

L12000046577

3. Date of filing/registration in Florida

4. Document number

5. (a) Scott Lizza

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1000 Congress Avenue

West Palm Beach, FL 33409

(b) Antoinette Theodossakos

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Saul Ewing Amstein & Lehr, LLP

NEW Registered Office Address:

515 North Flagler Drive, Suite 1400

West Palm Beach, FL 33401

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STATE DEPT. OF STATE

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

Scott Lizza

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.

Antoinette Theodossakos  
Signature of Registered Agent