L12000055385

(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:							
SEP 19 2024							

Office Use Only



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2024 SEP 16 PH 3: X

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Amelia State, LLC		
		Name of Limited L	liability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Moniqu	ne Gomez		
	Name of Person		_
Tavaco	Properties, LLC		
	Firm/Company		
9229 W	/ Sunset Blvd., Suite 311		
	Address	<u> </u>	
West H	ollywood, CA 90069		
	City/State and Zip Co	de	
Moniqu	ue@tavaco.com		
Ē	-mail address: (to be used for future	annual report notif	lication)
For fur	ther information concerning this ma	itter, please call:	
Moniqu	ue Gomez	310 at (385-1300 ext. 104
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	- \$	55 Filing Fee & Certified Copy
INHS18	3 (2/14)		

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: Amelia State, LLC	;			
2.	(a)	c/o Tavaco Properties, LLC	(1	b) _	c/o Tavaco Properties, LLC	
2. (()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\.	·,_	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)	-
		9229 W Sunset Blvd., Suite 311		92	9229 W Sunset Blvd., Suite 311	
		West Hollywood, CA 90069	<u> </u>	W	West Hollywood, CA 90069	
		April 24, 2012		[.1	1.12000055385	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	NRAI Services, Inc.				
J. (a)	Registered Agent and Registered Office shown on the records of t NRAI Services, Inc.	he Florid	a Dej	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~·	
		1200 South Pine Island Road				
		Plantation, FL	33324		SEI)	77
(h)	GKL Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			2024 SEF 16 PH 3: 20	0	
		GKL Registered Agents, Inc.				
		NEW Registered Office Address:				
		28089 Vanderbilt Drive Suite 201				
		Bonita Springs, F1.	34134			
cha age wa the	inge ent v s/we arti	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limite of a member of authorized representative of a member	register bility co f the lin imited	ed o ompa nited liabi	I office and the business office of the registe apany, it is hereby confirmed that the change ted liability company or as otherwise provid	red c(s)
pro the to t	ovisi obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'in writing of this change.	e to act perform for in (ereby c	t in t vance Chaj onfu	n this capacity. I further agree to comply w ice of my duties, and I am familiar with and iapter 605, F.S. Or, if this document is bein ifirm that the limited liability company has l	ith the accept g filed been
<u>(</u> %	natu	nilan lankin. re of Registered Agent				