L130000 30087

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COVER LETTER

FO: Registration Section Division of Corporations	•				
Hollywood PM Products	LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
Maxwell Lapin					
Name of Person					
Hollywood PM Products LLC					
Firm/Company					
1139 abbeys way					
Address					
Tampa Florida 33602					
City/State and Zip Co	ode				
maxwelllapin@gmail.com					
E-mail address: (to be used for futur	e annual report notification)				
For further information concerning this m	atter, please call:				
Maxwell Lapin	813 477-8545				
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	S55 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	ame of the limited liability company: Hollywood F	PM Products LLC			
2. (a)	1139 Abbeys Way	_(b) 1139 A	(b) 1139 Abbeys way		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tampa, Florida	Tampa,	Florida		
	33602	33602			
	02/27/2013	L130000	30087		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	United States Corporation Agents, INC.				
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET) 13302 Winding Oaks Court Suite A	T ADDRESS)	_		
	Tampa	33612	2019 11/1R 12/17/17/17		
(b)	Maxwell Lapin				
(1)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			
	NEW Registered Office Address:				
	1139 Abbeys Way		_		
	Tampa , F	33602	_		
the cha agent v was/we the arti	timited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the united a member of authorized representative of a member	of the registered offic liability company, it s of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.		
I here provisi the obl to mere	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid elv reflect a change in the registered office address, d in writing of this change.	gree to act in this cap te performance of my led for in Chapter 60 I hereby confirm that	pacity. I further garee to comply with the		
Signatu	are of Registered Agent				