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Division of Corporations

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From:

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Account Number : I20090000081

Phone : (307) 200 - 2803

Fax Number : (855)330-1010

nter the email address for this business entity to be used for future the contract ö **≇mail Address:**

LLC REGISTERED AGENT CHANGE CLUB ENTERTAINMENT GROUP, LLC

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T. LEMIEUX ILIN 2 8 2023

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.

ì.	Na	ome of the limited liability company: <u>CLUB ENTE</u>	ERTAINMEN	T GROUP, LLC		•	ंदे।	
2.	(a)		(b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	(Note: MAY BE POST OFFICE BOX)			
		04/23/2013		3000059597				
3.		Date of filing/registration in Florida	4.	Document n	umber			
5	(a)	HODKIN, ADAM, Esq.						
J.	(4)	HODKIN, ADAM, Esq. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 N. Federal Hwy						
		Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)					
		Suite 200		 -				
		BOCA RATON , F	T. 33432					
								
	(b)	Northwest Registered Agent LLC						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:		~ .			
		7901 4th St N			١.	20		
		NEW Registered Office Address:				ر. چ		
		STE 300				2023 Juni 27		
					-		Ē	
		St. Petersburg , F	L_33702			PH	Ĺ	
the	e cha	imited liability company is not organized under the la	of the registered	I office and the busi	ness offic	e of the	it after registered	
wa	ıs/we	vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members	of the limited l	liability company or				
the	arti Alaa	cles of organization or the operating agreement of the		•				
+]/ Signal	ture of a member or authorized representative of a member	Nat Smi	Printed or type	d name of si	enee		
I i pro the to	herel ovisi obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as provided in the registered office address, I in writing of this change.	gree to act in the e performance ed for in Chapt hereby confir	us capacity. I furthe	er aaree ta	o comply	with the nd accept eing filed as been	

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent