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SUCKETARY OF STATE,

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Reverie Films, LLC					
SUBJE		me of Limited Lia	ability Company			
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered O	Mice Change and	fee(s) are submitted for filing.			
Please r	return all correspondence concerning t	his matter to the f	following:			
Ricard	do J. Mendez					
	Name of Person		<u> </u>			
	Firm/Company		_			
2914	Madison Street					
	Address					
Hollyw	vood, FL 33020					
	City/State and Zip Code		_			
teamr	everie103@me.com					
E-	mail address: (to be used for future a	nnual report notifi	cation)			
For furt	her information concerning this matte	r, please call:				
Ricard	do Mendez	954 at (993-1355			
	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	Reş Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	ig amount:				
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18	(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

. Na	me of the limited liability company:	Reverie Films, LLC		
(a)	7900 LaSalle Blvd Miramar, F		same (b))
(4)	Principal office address of limited li (Note: MUST BE STREET)			Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	08/23/2013		L13000	0122588
(a)	Date of filing/registration is UNITED STATES CORPORA		4. [S. INC.	Document number
(47)	Registered Agent and Registered Office sho		the Florida Dept. of S	
	Registered Office Address (MUST BE) ORLANDO, FL 32822	LORIDA STREET :	<u>ADDRESS)</u>	2019 AUG 30
		FL	·	- 630 F
(b)	Ricardo J. Mendez			
(0)	Enter name of <u>NEW Registered Agent</u> and 2914 Madison Street	for <u>NEW Registered</u>	Office address:	A STATE OF STATE
	NEW Registered Office Address: Hollywood, FL 33020			
		FL		
e cha gent w as/we	nge or changes are made, the Florida vill be identical. Or, in the case of a	i street address of Florida limited lid of the members o	the registered of ability company, of the limited liab	
-	ture of a member or authorized representative			Printed or typed name of signee
ovisi e obli mere	ons of all statutes relative to the pro	ner and complete	performance of r	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed to the limited liability company has been

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

Signature of Registered Agent