

L140000014182

(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:

Office Use Only



100273351801

FILED

2015 JUN 24 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JUN 24 AM 10:43

CLERK OF SUPERIOR COURT

N. Cuffigan JUN 25 2015

Date: 06/24/2015

Account #: 120000000088

Name: Michelle Walker

Reference #: C013618

ENTITY NAME: ARKHAMENTERTAINMENT LIMITED LIABILITY COMPANY

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: \$25

Signature: Michelle Walker

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: ARKHAMENTERTAINMENT LIMITED LIABILITY COMPANY

2. (a) Principal office address of limited liability company: 3921 Fairway Dr.

(Note: MUST BE STREET ADDRESS)

North Port, FL 34287

(b) Mailing address of limited liability company:

3921 Fairway Dr.

(Note: MAY BE POST OFFICE BOX)

North Port, FL 34287

January 27, 2014

3. Date of filing/registration in Florida

L14000014182

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

American Safety Council, Inc.

Registered Office Address:

5125 Adanson St.

Suite 500

Orlando, FL 32804

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

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

115 North Calhoun St., Suite 4

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

,FL 32301

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

Christopher Adam Raphael

Printed or typed name of signee

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.

Signature of Registered Agent

Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00