<u> 14000120007</u>

(Requestor	s Name)
(Address)	<u> </u>
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business B	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
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MAY 16 2016 J SHIVERS



April 18, 2016

KEVIN L EVANS 17150 NORTHBAY RD UNIT 2115 SUNNY ISLES, FL 33160

SUBJECT: 7TH ENTERTAINMENT, LLC

Ref. Number: L14000120003

We have received your document for 7TH ENTERTAINMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00007955

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 7th Entertainment, LLC. Name of Co	orporation
DOCUMENT NUMBER: L14000120003	······
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Kevin L. Evans Name of Cor 7th Entertainment, LLC.	ntact Person
Firm/Co	ompany
17150 Northbay Road Unit #	2115
Add	ress
Sunny Isles, Florida 33160 City/State an Mrkevinevans@gmail.com	nd Zip Code
E-mail address: (to be used for fi	uture annual report notification)
L-man address. (to be used for h	ature annual report nonneation)
For further information concerning this matter, please of	call:
Kevin L. Evans	at (305) 502-3614
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	tment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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. Name of the limited liability company: 70 REENCY LLC 2. (a) 1908 NORTHBRYSHORE DRIVE (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PENTIFUSE # 4214 MIAMÍ, FL 33/32 3. Date of filling/registration in Florida 4. Document number 5. (a) FERGUSON FRANKLINC ESQ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7/6/1 WEST COMMERCIAL BLVD SWITE #A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) GARY ALEXANDER TENKINS, ESQ	y:
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PENTIBUSE # 4214 MIAMI, FL 33/32 3. Date of filing/registration in Florida 4. Document number 5. (a) FERGUSON FRANKLINC ESO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7161 WEST COMMERCIAL BLVD, SUITE 4A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) GARY ALEXANDER TENKINS, ESO	y:
3. Date of filing/registration in Florida 4. Document number 5. (a) FERGUSON, FRANKLIN C ESO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7161 WEST COMMERCIAL BLVD, SUITE YA Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6b GARY ALEXANDER TENKINS, ESO	
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3. Date of filing/registration in Florida 4. Document number 5. (a) FERGUSON, FRANKLIN C ESO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7/6/1 WEST COMMERCIAL BLVD., SWITE YA Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) GARY ALEXANDER TENKINS, ESO	
5. (a) FERGUSON, FRANKLINC ESQ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7161 WEST COMMERCIAL BLVD., SUITE 44 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FAT LAUBERDALE, FL 373/9 (b) GARY ALEXANDER TENKINS, ESQ	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7/6/WEST COMMERCIAL BLVD, SWITE 4/A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FORT LAUBERDALE, FL 333/9 (b) GARY ALEXANDER TENKINS, ESQ	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7/6/WEST COMMERCIAL BLVD, SUITE 4/A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FORT LAUBERDALE, FL 333/9 (b) GARY ALEXANDER TENKINS, ESQ	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FERT LAU DERDALE , FL 333/9 (b) GARY ALEXANDER JENKINS, ESQ	
(b) GARY ALEXANDER JENKINS, ESQ	
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Enter name of NEW Registered Agent and/or NEW Registered Office address:	
17150 Alsonierov of the state	
17150 NORTHBAY ROAD UNIT #2115 NEW Registered Office Address:	
$\frac{1}{100}$	
SUNNY ISLES ,FL 33160	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af	er
the change or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change	stered
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide	in in
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member or authorized representative of a member 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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change. Signature of Registered Agent	h the sccept filed sen

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