1400190577

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Statu	ıs					
Special Instructions to Filing Officer:						

Office Use Only



100277340771

09/28/15--01003--004 **25.00

FILEU

5 SEP 28 PH 3-34

SEPRETARY OF STATE
ALMOSSEE FLORIDA

SEP 2 9 2015 S. YOUNG

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI					_	
	Name o	of Limited Lia	bility Company			
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning this r	natter to the fo	ollowing:			
Cody	P. Christian					
	Name of Person		- ,			
Erudi	te Studios, LLC					
	Firm/Company		_			
1134	Kittansett Ln				Ω	
	Address		_	ない。	SEP 28	
Aubu	rndale, Fl. 33823			FOF S	8 ₽#	
	City/State and Zip Code		_		က္	
busin	ess@eruditestudios.com			¥m.	34	
F	E-mail address: (to be used for future annua	l report notific	cation)			
For fu	rther information concerning this matter, pl	ease call:				
Cody	Christian	863	2585790			
	Name of Person	`	Area Code & Daytime Telepho	ne Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	\$55	5 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. N	ame of the limited liability company: Erudite Studio	s, LL	С			
2. (a)	1134 Kittansett Ln		(b) 1134 Kittansett Ln			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U)	-	ess of limited liability company: 4Y BE POST OFFICE BOX)	
	Auburndale, Fl. 33823		Au	uburndale, Fl. 3	3823	
	1/1/2015		L14	4000190577		
 (a) 	Date of filing/registration in Florida Cody P. Christian	4.		Documen	t number	
J. (u,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRE.	<u>SS)</u>		SEE SEE	
	Auburndale , FL	3382	3		FIL SEP 2 AHASSA	
(b)	Erudite Studios, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	ED 8 PH 3: 34 Y OF STATE SEE, FEGRIDA	
	NEW Registered Office Address: 1134 Kittansett Ln					
•	Auburndale , FL	3382	3		* * * 2	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility f the li	istere compa mited	ed office and the b any, it is hereby co liability company	ousiness office of the registered onfirmed that the change(s)	
	1	C	ody F	² Christian		
I here provis the ob to mer	ature of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address, I have a writing of this change.	ee to a perfori d for in iereby	ct in t nance Chaj confii	his capacity. I fu	typed name of signee If ther agree to comply with the I am familiar with and accept if this document is being filed I liability company has been	

Signature of Registered Agent