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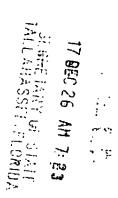
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Centificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

istration Section sistements					
Helena Studio, LLC					
Name of Limited Liability Company					
Madam:					
d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
n all correspondence concerning thi	s matter to the I	ollowing:			
yrns					
Name of Person		_			
Business Advisors					
Firm/Company		_			
eod Drive, #100					
Address					
s, NV 89121					
City/State and Zip Code		_			
rsonadvisors.com		_			
address: (to be used for future ann	ual report notifi	cation)			
nformation concerning this matter,	please call:				
yrns	800 at (7064741			
Name of Person	-	Area Code & Daytime Telephone Number			
REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
losed is a check for the following	amount:				
25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
	Helena Studio, LLC Nam Madam: d Registered Agent/Registered Offinal correspondence concerning this mall correspondence concerning this matter, correspondence con	Helena Studio, LLC Name of Limited Lia Madam: d Registered Agent/Registered Office Change and all correspondence concerning this matter to the form of Person Business Advisors Firm/Company eod Drive, #100 Address s, NV 89121 City/State and Zip Code sonadvisors.com address: (to be used for future annual report notification of Person REET/COURIER ADDRESS: instration Section Registered Agent/Registered Office Change and at (Manage of Person REET/COURIER ADDRESS: instration Section Registration Section Registration Section Registration Section Registration Section Registration Section Registration Section Registered Agent/Registered Office Change and at (Manage of Person Resett/Courier Address: Manage of Person Resett/Courier Address: Address: Manage of Person Resett/Courier Address: Address: Manage of Person Resett/Courier Address: In Building P.C. Tal adassee, Florida 32301 Rosed is a check for the following amount:			

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.

1. Na	ume of the limited liability company: Helena Stud	dio, LLC	
2. (a)	1909 Wind Willow Rd.	 (b) 1909 V	Vind Willow Rd.
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Belle Isle, FL 32809	Belle Is	le, FL 32809
	02/25/2015		035381
3.	Date of filing/registration in Florida	4.	Document number
5 (0)	Cohrs, Douglas Allan		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Belle Isle, I	_{FL} 32809	17 DEC
(b)	Anderson Registered Agents, Inc.		26 26 HASSE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	
	1000 North Washington Blvd		- CORD 73 199
	NEW Registered Office Address:		10 A
	Sarasota	FL 34236	_
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization; or the operating agreement of the members of the description	of the registered offic liability company, it s of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Siene	dary of a member or authorized representative of a member		Printed or typed name of signee
I here provis the obj to mer	Ky accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.	ngree to act in this ca te performance of my ded for in Chapter 66 I hereby confirm tha	nacity I further agree to comply with the
Signatu	ire of Registered Agent		