L1500038240

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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November 7, 2017

ELIA ZINN C/O HOWARD LAW GROUP 450 NORTH PARK RD #800 HOLLYWOOD, FL 33021 US

SUBJECT: FESTIVAL INVESTMENTS LLC

Ref. Number: L15000038240

We have received your document for FESTIVAL INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 917A00022535

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT: FESTIVAL INVESTMENTS LLC Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	Office Cha	nge and	fee(s) are submitted for filing.				
Please	return all correspondence concernin	g this matte	er to the	following:				
	ELIA ZINN							
	Name of Person			_				
	Firm/Company			_				
C/O F	HOWARD LAW GROUP 450 NO	RTH PAR	K RD#	800				
	Address							
HOL	LYWOOD, FL 33021	·		<u></u>				
	City/State and Zip Coo	de						
_Nicl	Kassam < nickkassam830@gmail E-mail address: (to be used for future	com> annual rep	ort notifi	ication)				
For tu	rther information concerning this ma	itter, please	call:					
	HARRIS HOWARD, Esq.	at (_	954) _ 893-7874				
	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	:	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314				
	Enclosed is a check for the follow	ving amour	ıt:					
	⅓ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy				
INHSI	8 (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.

١.	Na	me of the limited liability company:FEST	<u>IVAL IN</u>	VESTA	MENTS LLC	
2.	(a)	1007 N FEDERAL HIGHWAY	(b)	1007 N FEDERAL HIG	HWAY
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited li (Note: MAY BE POST O	
		FT LAUDERDALE, FL 33304			FT. LAUDERDALE, FL	33304
		03/02/2015		L	15 <u>000</u> 03 <u>82</u> 40	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	ELIA ZINN		_		
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	State:	
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	<u> </u>		1 7
		1007 N FEDERAL HIGHWAY			<u> </u>	N N
		FT LAUDERDALE, FL	33304			FILED NOV 22 PM
	(b)	NASSIR KASSAM			•	· · · · ·
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		2: 31
		NEW Registered Office Address:				
		3310 EMERALD POINT DRIVE # 308B	_			
		HOLLYWOOD, FL	33	021		
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability confithe lim	stered off impany, ited liab	fice and the business office it is hereby confirmed tha ility company or as othery	e of the registere t the change(s)
<u>S</u>	ignat	ture of a member or authorized representative of a member		····	Printed or typed name of s	ignee
pro the to i	ovisi Ohl nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I i I in writing of this change.	ree to act perform d for in C hereby co	in this c ance of n Thapter to onfirm th	apacity. I further agree t ny duties, and I am Jamili 505, F.S. Or, if this docur at the limited liability cor	o comply with th ar with and acce nent is being file npany has been
		Nassir Kassam				
Sig	natu	re of Registered Agent				

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า	(a)	1007 N FEDERAL HIGHWAY	(b)	1007 N FEDERAL HIGHWAY				
	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		FT LAUDERDALE, FL 33304		FT. LAUDERDALE, FI. 33304				
		03/02/2015		L15000038240				
3.		Date of filing/registration in Florida	4.	Document number				
5.	(a)	ELIA ZINN						
		Registered Agent and Registered Office shown on the records of	the Florida Dep	ot, of State:				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS					
		1007 N FEDERAL HIGHWAY	ADDKE.33)	*** 7				
(1			33304					
	(b)	NASSIR KASSAM		2 PE D				
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office address					
		NEW Registered Office Address:						
		3310 EMERALD POINT DRIVE # 308B						
		HOLLYWOOD	33021					
the age	ent v is/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registere lability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in				
		Elia Zinn		ELIA ZINN				
-:	Signal	ture of a member or authorized representative of a member	•	Printed or typed name of signee				
pre the to	ovisi 2 obl mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to act in t performance ed for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been				
Si	gnatu	re of Registered Agent						