Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800) 432-3622

**Enter the email address for this business entity to be used for R annual report mailings. Enter only one email address please

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Ena.	11	. Address:	

LLC REGISTERED AGENT CHANGE THE GREAT ESCAPE ROOM NEW YORK LLC

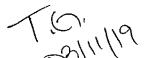


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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the following statement in order 10 change it	0116, Florida Statutes, the undersigned limited liability company s registered office or registered agent, or both, in the State of
rionaa. THE GRE	EAT ESCAPE ROOM NEW YORK LLC
Name of the Limited Liability Company:	
2. (a) 525 WOODSTEAD COURT	(b) 530 WOODSTEAD COURT
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
LONGWOOD, FL 32779	LONGWOOD, FL 32779
7/29/2015	L15000129495
 Date of filing/registration in Florida 	4. Document number
5. (a) MARTIN, GREGORY P	
Registered Agent and Registered Office shown on the reco	rds of the Florida Dept. of State:
530 WOODSTEAD COURT	ALCREI AND RESSU
Registered Office Address (MUST RE FLORIDA STR	VERT ADDRESS!
	R-8
LONGWOOD,	Fit. 32//9 Fit. 32//9
a via	istered Office address:
(b) Capitol Corporate Services, Inc. Enter name of NEW Replatered Agent and/or NEW Registered Agent and/or NEW Re	stered Office address:
515 East Park Avenue 2nd Fl	<u> </u>
NEW Registered Office Address:	
Tallahassee	_,FL_32301
agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the mem the articles of organization or the operating agreement of the memory.	the laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ited liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.
Orlando Castillo	Orlando Castillo on behalf of the LLC
Signature of a member or authorized representative of a member	Printed or typed name of signed
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con- the obligations of my position as registered agent as pro- to merely reflect a change in the registered office addr- nosified in writing of this change.	nd agree to act in this capacity. I further agree to comply with the nplete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been
Mianu Case D	elanie Case, Assistant Secretary on
	ehalf of Capitol Corporate Services, Inc.
Division of Corporations FILI	P.O. Box 6327 • Tallahassee, FL 32314 NG FEE: \$25.00

INHS18 (2/14)