

L15000129567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2016
J. HARRIS

ANSBACHER LAW

REAL ESTATE · CONSTRUCTION · PERSONAL INJURY
CONDOMINIUMS · HOMEOWNER ASSOCIATIONS

3509 U.S. Highway 17
Fleming Island, FL 32003
904.385.3444

8818 Goodbys Executive Drive
Suite 100
Jacksonville, FL 32217
904.737.4600

1100 South Ponce de Leon Boulevard
Suite 3A
St. Augustine, FL 32084
904.429.4833

389 Palm Coast Parkway SW, Suite 4
Palm Coast, FL 32137
386.445.9789
by appointment only

July 28, 2016

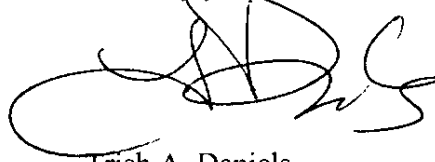
Florida Department of State
Registration Section
ATTN: Division of Corporations
P.O. Box 6250
Tallahassee, FL 32314

RE: NewTinseltown, LLC
Our File No.: 150321

Dear Sir/Madam:

Enclosed for the above referenced entity, please find a *Statement of Change of Registered Office for Registered Agent or Both for Limited Liability Company* form with cover letter and check in the amount of \$25.00 for the fee associated with same.

Sincerely yours,



Trish A. Daniels
Florida Registered Paralegal

/enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NewTinseltown, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taraz Darabi

Name of Person

Firm/Company

6809 NW 48th Lane

Address

Gainesville, Florida 32653

City/State and Zip Code

fdarabi@darabi@darabiassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taraz Darabi

at (352) 376-6533

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: NewTinseltown, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6809 NW 48th Lane

6809 NW 48th Lane

Gainesville, Florida 32653

Gainesville, Florida 32653

July 29, 2015

L15000129567

3. Date of filing/registration in Florida

4. Document number

5. (a) Ansbacher Law, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8818 Goodbys Executive Drive

Jacksonville, FL 32217

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Taraz Darabi

NEW Registered Office Address:

6809 NW 48th Lane

Gainesville, FL 32653

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Taraz Darabi

Signature of a member or authorized representative of a member

Taraz Darabi

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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taraz Darabi

Signature of Registered Agent

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