

**L16000039671**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**17 JAN -3 AM 11:11**

**DEPARTMENT OF REVENUE**

**-O SIMMONS**  
**- JAN 05 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2016

CINDY ROJAS  
150 SW 10ST, STE 6  
MIAMI, FL 33130

SUBJECT: AGORA PRODUCTIONS LLC  
Ref. Number: L16000039671

RECEIVED  
2017 JAN -3 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AGORA PRODUCTIONS 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 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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 616A00026028

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Agora Productions 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:

Cindy Rojas.

Name of Person

Agora Productions LLC

Firm/Company

150 SW 10 Street - Suite 6.

Address

Miami, FL 33130

City/State and Zip Code

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

For further information concerning this matter, please call:

Cindy Rojas

Name of Person

at ( 786 ) 461 9053

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

**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: Aquea Productions LLC
2. (a) 150 SW 10 Street - Suite 6 (b) 150 SW 10 Street - Suite 6  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Miami, FL 33130 Miami, FL 33130
3. NOV. 21, 2016 4. L16000039671  
Date of filing/registration in Florida Document number

5. (a) JUAN E. RODAS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2333 Brickell Ave - Suite 816  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1  
Miami, FL 33129

- (b) Cindy Rojas  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

150 SW 10 Street - Suite 6  
NEW Registered Office Address:  
Miami, FL 33129

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17 JAN -3 AM 11:11  
DIVISION OF CORPORATIONS

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.

x Cindy Rojas  
Signature of a member or authorized representative of a member

Cindy Rojas  
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.

x Cindy Rojas  
Signature of Registered Agent