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K. SALY DEC 15 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PLOTZ BROZ BEATZ + PRODUCTION, 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:
6-evald Rappaport Name of Person
Firm/Company
1864 NE 46 ST, #E) Address
Ft. Cauderdale, FL 33308 City/State and Zip Code
Gerald rap de (a) Me. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gerald Rappaport at (954) 554-1150 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

INHS18 (2/14)

☐ \$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.	$\alpha I I D$	$\Omega = I - I \Omega = I$	11040011C
. Name of the limited liability company: _	Plotz Broz E	seatz + Mod	ucton, LLC
Principal office address of limited liab (Note: MUST BE STREET AL # E 7	bility company:	Mailing address of limited liability (Note: MAY BE POST OFFIC	company:
Fort-lauderda 9/9/2016 Date of filing/registration in		COOCG877 C	7
	Mercial Blud LORIDA STREET ADDRESS) LL FL 33308	SEGRETARY OF STAFL FALLAHASSEE, FLORIDA	FILED 2017 DEC 14 AM 9: 53
#67	Florida limited liability company of the members of the limited liability agreement of the limited liability agreement of the limited liability of a member	of Florida, it is hereby confirmed office and the business office of it is hereby confirmed that the ability company or as otherwise company. A Rappapor Printed or typed name of signed	change(s) provided in
Signature of Registered Agent	porations● P.O. Box 6327● Tall		

FILING FEE: \$25.00



November 16, 2017

GERALD H RAPPAPORT 1864 NE 46 ST. #E7 FT. LAUDERDALE, FL 33308

SUBJECT: PLOTZBROZ BEATZ & PRODUCTION, LLC

Ref. Number: L16000168779

We have received your document for PLOTZBROZ BEATZ & PRODUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 317A00023309

Karen A Saly Regulatory Specialist II

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