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TO: Registration Section Division of Corporations

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Not Your Average SUBJECT: 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:

Gregory Blanco Name of Person Not Your Average Entertainment LLC NE 3157 57 Unit 4005 Miami FU 33137 City/State and Zip Code b. Gvegggg(/ Maj). (.DM E-mail address: (to be used for future anni future annual report notification)

For further information concerning this matter, please call:

at (<u>786)</u> <u>443 – 1780</u> Area Code & Daytime Telephone Number GVEQUY BIGACO Name of Person

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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. Na	me of the limited liability company: NOT YOUR AVERGE EATER GINMERT LLC
2. (a)	(b)
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX)
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	Miani, FL 33121 Mani JL 33131
-	<u>8/18/17</u> <u>L17000177171</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Gregory Blanco
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
_	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TWY JOIGN JULE DAVE FUT GUAL ANGLE FL 33301
ŕ	JOL JOLGN JSLE DAVA Image: State of the
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	<u>NEW Redistered Office Address:</u>
	480 NE 3137 J UNIT 4005
	MIAMI B3137
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change agent w was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
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provision the oblication of the oblication of th	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in vertice of this change.
	⁷ Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00