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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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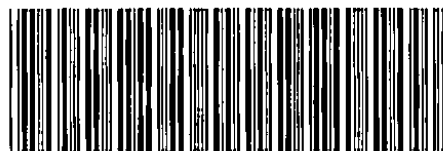
(Business Entity Name)

(Document Number)

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OCT 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVID BRIDGE STUDIOS, 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:

CHERYL LYNN MURPHY

Name of Person

VIVID BRIDGE STUDIOS, LLC

Firm/Company

418 W GARDEN ST STE 310, BOX 4

Address

PENSACOLA, FL 32502

City/State and Zip Code

CHERYL@VIVIDBRIDGE.COM

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

For further information concerning this matter, please call:

CHERYL MURPHY

at (850) 332-3022

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF
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 Florida.

1. Name of the limited liability company: VIVID BRIDGE STUDIOS, LLC

2. (a) 418 W GARDEN ST (b) SAME AS PRINCIPLE OFFICE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUITE 310, BOX 4

PENSACOLA, FL 32502

OCT 17, 2017

L17000215060

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:

NRAI SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL. 33324

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

CHERYL L MURPHY

NEW Registered Office Address:

418 W GARDEN ST. STE 310, BOX 4

PENSACOLA, FL. 32502

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

[Signature]
Signature of a member or authorized representative of a member

CHERYL L MURPHY

Printed or typed name of signer

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document merely reflects a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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