## 117000260612

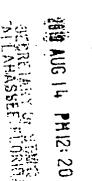
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT I	MAIL			
(Business Entity Name)				
(Coordinate Charles)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filips Officer				
Special Instructions to Filing Officer:				
	•			

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## COVER LETTER

Registration Section
Division of Corporations

TO:

	istration Section			*			
Div	ision of Corporations						
SUBJECT:	Layerframe Studios						
SOBSECT.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	0 6			
Please retur	n all correspondence concerning th	is matter to the	following:				
Christoph	er Daou						
<del></del>	Name of Person	<del></del>	<del></del>				
Layerfram	ne Studios						
	Firm/Company						
964 Locus	st Street NE #3						
,	Address		_				
St. Peters	sburg, FL 33701						
·	City/State and Zip Code		<del></del>				
kate@lay	erframe.com						
E-ma	il address: (to be used for future and	iual report notif	ication)				
For further	information concerning this matter	, please call:					
Kate Man	thei	231	350-0175				
	Name of Person		Area Code & Daytime Telephone N	lumber			
Registration Section Division of Corporations Clifton Building		Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
En	closed is a check for the following	g amount:					
<b>3</b>	\$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. Na	ame of the limited liability company: Layerframe	Studios /	LLC	
2. (a)				
ш. (ш <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	964 Locust Street NE #3			
	St. Petersburg, FL 33701			
	Original date: Dec. 22, 2017	L	17000260	0612
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	·			
). (u)	Registered Agent and Registered Office shown on the records of Denise Barton	of the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	225 E. ROBINSON STREET			MIG IN MIZ: 20
	Orlando	32801		
		r L <sub></sub>		2
(b)				26 R
• (**)	Enter name of NEW Registered Agent and/or NEW Register	red Office #dd	ress:	20
	Jay Huie			
	NEW Registered Office Address:			
	225 E. Robinson Street Suite 570	_,.		
		00004		
	Orlando	<sub>FL</sub> 32801		
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the control of the street and the control of the operating agreement of the street in the control of the control of the street and the control of the control	of the regis Uliability co s of the lim	tered office mpany, it is ted liability	hereby confirmed that the change(s) company or as otherwise provided in
		<u>Chri</u>	stopher D	
_	ature of a member or authorized representative of a member			Printed or typed name of signce
provi: the ob to me.	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act ele performa ided for in C . I hereby co	in this cape mee of my o hapter 605 infirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
	X 11-			
Signal	ture of Registered Algent			
	Division of Cornerations P (	) Rox 6327	a Tallahas	see, F1, 32314

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