

L19000000 6457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

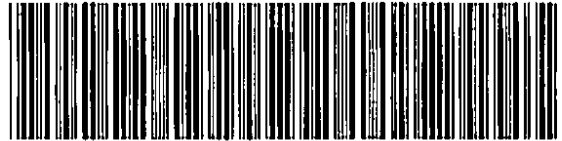
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

2020 MAR -2 PM 2:48

FILED

MAR 21 2020  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

ANDY ARTSTUDIO

**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:

ANDREW HIRST

\_\_\_\_\_  
Name of Person

ANDY ARTSTUDIO

\_\_\_\_\_  
Firm/Company

5640 PACIFIC BLVD, #1006

\_\_\_\_\_  
Address

BOCA RATON, FLORIDA, 33433

\_\_\_\_\_  
City/State and Zip Code

andyhirstart@gmail.com

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

For further information concerning this matter, please call:

ANDREW HIRST

561

451.5994

at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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.*

ANDY ARTSTUDIO

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5640 PACIFIC BLVD, #1006

BOCA RATON, FLORIDA, 33433

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

01/08/2018

1.18000006457

3. Date of filing/registration in Florida

4. Document number

SUNBIZ.ORG

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ANDY ARTSTUDIO LLC

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

520 SE 5TH AVENUE APT 1603

FORT LAUDERDALE, FL 33301

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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

ANDY ARTSTUDIO LLC

**NEW** Registered Office Address:

5640 PACIFIC BLVD, 1006

BOCA RATON, FL 33433

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.

Signature of a member or authorized representative of a member

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 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.*

Signature of Registered Agent

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