

1/2/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

#1808334

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000001328 3)))



H200000013283ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
SANDCASTLE ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2020 JAN -3 AM 8:49

TAU RUD - STATE OF FLORIDA

FILED
20 JAN -3 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2020

H200000013383

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. Name of the limited liability company: COMBIGRIP LLC

2. (a) 265 FAIRWAY DR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI BEACH, FL 33141

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

L18000067048

3. _____ Date of filing/registration in Florida

4. _____

Document number

5. (a) LEGALINC CORPORATE SERVICES INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS BLVD STE 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33907

(b) ROCKET LAWYER CORPORATE SERVICES LLC

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

155 OFFICE PLAZA DRIVE, 1ST FLOOR

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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

FILED
20 JAN -3 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL 32301

H200000013383