1180000 96950

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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APR () 2 2019

I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations					
	PAINLESS PRODUCTIONS LLC					
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to th	the following:			
ROB	ERT HOROWITZ					
	Name of Person					
PAIN	LESS PRODUCTIONS LLC					
	Firm/Company					
1606	ABACO DRIVE #D3					
 	Address					
COC	CONUT CREEK, FL 33066					
	City/State and Zip Code					
JOR	DAN@JORDANSFILMS.COM					
E	E-mail address: (to be used for future and	nual report no	otification)			
For fur	rther information concerning this matter	, please call:				
JORE	DAN HOROWITZ	917 at (733-9819			
	Name of Person	ar (Area Code & Daytime Telephon	e 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			



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2019

ROBERT HOROWITZ 1606 ABACO DRIVE #D3 COCONUT CREEK, FL 33066

SUBJECT: PAINLESS PRODUCTIONS LLC

Ref. Number: L18000096950

We have received your document for PAINLESS PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The new registered agent must sign document with legal name and it appears you listed the new registered agent in the wrong space on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00005168

Irene Albritton Regulatory Specialist II

2019 APR - 1 PM

SEAL BY TALLARS OLE F

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 ugent, or both, in the State of Florida.

1. Na	PAINLESS ame of the limited liability company:	PAINLESS PRODUCTIONS LLC					
2. (a)	1606 ABACO DR. #D3	(1606 ABACO DR. #D3				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	COCONUT CREEK, FL 33066		COC	ONUT CREEK, FL 33066			
	4/17/2018		L1800	0096950			
3.5. (a)	Date of filing/registration in Florida REGISTERED AGENTS INC.	4.		Document number			
(b)	Registered Agent and Registered Office shown on the records BILL HAVRE	s of the Florio	la Dept, of	State:			
	Registered Office Address (MUST BE FLORIDA STREA 3030 N ROCKY POINT DR STE 150A	ET ADDRES	<u>(S)</u>				
	TAMPA	33607 FL	7				
	ROBERT HOROWITZ						
	Enter name of NEW Registered Agent and/or NEW Register	ered Office a	ddress:	7018 APR -2 PH 4: 08			
	NEW Registered Office Address:			——————————————————————————————————————			
	1606 ABACO DRIVE #D3						
	COCONUT CREEK	FL_33066	6				
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the reg d liability or rs of the lia	istered o company, nited lial liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in			
Signa	tule JPS hellioc (Wallflor) red representative of a member			Printed or typed name of signee			
provisi the obl to mere	538931621 15940A by accept the appointment as registered agent and comploses of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in proting of this change.	lete perforn ided för in	nance of Chapter	my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed			

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

Signature of Registered Agent