(FAX)9165767010

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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.	Мa	me of the limited liability company: ARMAGGEDI	ON EN	TERTAIN	MENT GROUP	PLLC	_	
2. (a)		(b) _					
`	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	M	alling address of limit (Note: MAY BE PO:	ress of limited liability company:		
		4911 NW 13TH STR	_					
		LAUDERHILL, FL 33313						
		05/10/2018	L	18000118	8183			
3.		Date of filing/registration in Florida	4.	I	Document number	-		
5.	/م/	LEGALING CORPORATE SERVICES INC.						
J.	(4)	Registered Agent and Registered Office shown on the records of t	he Florida D	ept. of State:				
		5237 SUMMERLIN COMMONS BLVD STE 400				1	201	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2019 HAY	
		FORT MYERS, FL	33907				-5	
4	(b)	ROCKET LAWYER CORPORATE SERVICES LLC			[] 		PM 12:) [
`	.0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:		- "	<u></u>	
		155 OFFICE PLAZA DRIVE, 1ST FLOOR						
		NEW Registered Office Address:						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		TALLAHASSEE , FL	32301					
the age: was	cha nt v	imited liability company is not organized under the law inge or changes are made, the Florida street address of withbe identical. Or, in the case of a Florida limited lia- creauthorized by an affirmative vote of the members of ides of organization or the operating agreement of the	the registe bility com f the limit limited lia	ered office spany, it is ed liability bility com	and the business of hereby confirmed company or as of pany.	office of the literal the herwise p	the reg change provide	istered (s) d in
	1	Mr - Shell	JESS		LL, AUTHORIZEI		SENTA	ATIVE
/		ture of a member-or-authorized representative of a member			Printed or typed name	•		
pro the to n	visi obl ner	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not be a factor of this change.	ee to act u performan i for in Ch nereby con	n this capa ice of my d apter 605, firm that ti	cuy. I further ag luties, and I am fa F.S. Or, if this d he limited liability	ree to con miliar wi ocument compan	npiy wi th and is bein y has b	in the accept g filed een
Sig	) Daini	re of Registered Agent						

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