

L190000 24337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

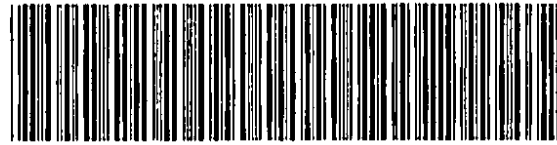
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200339549572

01/27/20--01092--010 **25.00

20 JAN 27 PM 1:03

RA Changes

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stage 5 Pictures LLC
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:

Adam Fraum
Name of Person
Stage 5 Pictures LLC
Firm/Company
1050 SW 46th Ave, Apt. 106
Address
Pompano Beach, FL 33069
City/State and Zip Code

adamfraum@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spensyr Ann Kreshuch, Esq. 561 953-9777
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

20 JAN 27 PM 1:10

**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: STAGE 5 PICTURES LLC
2. (a) STAGE 5 PICTURES LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1050 SW 46TH AVE., 106
POMPANO BEACH, FL 33069
- (b) STAGE 5 PICTURES LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1050 SW 46TH AVE., 106
POMPANO BEACH, FL 33069
- 1/23/2019
Date of filing/registration in Florida
- L19000024337
Document number
3. UNITED STATES CORPORATION AGENTS, INC.
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
5575 S. SEMORAN BLVD, SUITE 36
ORLANDO, FL 32822
- (b) THE LOMNITZER LAW FIRM, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address
THE LOMNITZER LAW FIRM, P.A.
NEW Registered Office Address:
7999 N. FEDERAL HIGHWAY, SUITE 202
BOCA RATON, FL 33487

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.

Javier Mayo
Signature of a member or authorized representative of a member

Javier Mayo
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]
Signature of Registered Agent

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