

L19000 029 880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

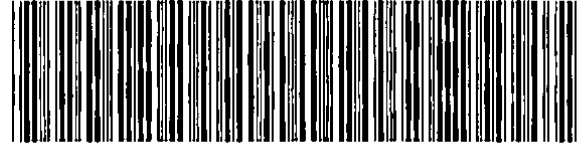
(Business Entity Name)

(Document Number)

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2019 SEP -3 AM 8:42
TALLAHASSEE, FL
SECRETARY OF STATE

SEP 04 2019
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

NICOLAS LARES
15032 SW 36TH ST
DORAL, FL 33331

SUBJECT: DIGICREATORS LLC
Ref. Number: L19000029880

We have received your document for DIGICREATORS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 019A00015752

2019 SEP -3 PM 2:08

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DigiCreators, 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:

Nicolas Lares

Name of Person

DigiCreators, LLC

Firm/Company

15032 SW 36th St

Address

Davie, FL, 33331

City/State and Zip Code

nicolares20@gmail.com

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

For further information concerning this matter, please call:

Michael S. Dunston

at (786)

350-9144

Name of Person

Area Code & Daytime Telephone 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

**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: DigiCreators, LLC

2. (a) 650 WEST AVE (b) 650 WEST AVE

Principal office address of limited liability company:

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

301

MIAMI BEACH, FL 33139

Mailing address of limited liability company:

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

301

MIAMI BEACH, FL 33139

01/29/2019

L19000029880

3. Date of filing/registration in Florida

4. Document number

5. (a) Andrew Funkhouser

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

650 West Ave

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

301

MIAMI BEACH, FL 33139

(b) Nicolas Lares

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

15032 SW 36th St

NEW Registered Office Address:

Davie

FL 33331

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

Andrew Funkhouser

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