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(Requestor's Name)	
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(City/State/Zip/Phone #)	12/09/1901017001 * 19.001 E 32
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	S TALLENT FEB - 4 2020
Special Instructions to Filing Officer:	LED 4 1999
Office Use Only	2020 FEB - 3 PH 12: 32



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2020

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JAMES LEWIS, ESQ. JAMES LEWIS LAW FIRM 200 S.E. 6TH STREET-SUITE 301 FORT LAUDERDALE, FL 33301

SUBJECT: M & H AMUSEMENTS LLC Ref. Number: L19000228585

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP REGISTERED AGENT STATEMENT OF CHANGE, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent Regulatory Specialist II

Letter Number: 220A00001115

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www.sunbiz.org

## **COVER LETTER**

TO: **Registration Section** Division of Corporations

musements\_ -m SUBJECT:

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:

Ames S. Lewis Name of Person

Jame Lewis P.A Firm/Company

200 S.E. 6th Street - 301 Address

Ort Landeldale, FL 33301 City/State and Zip Code

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

For further information concerning this matter, please call:

JAms S dewis

Name of Person

Mailing Address:

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

at (<u>954</u>) <u>523- 7949</u> Area Code & Daytime Telephone Number

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:

S25 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. N	ame of the limited liability company: <u>M &amp; H AMUS</u>	EMENTS	5_LLC					
2. (a)	2637 E Atlantic Boulevard Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) <u>2637 E. ATLANTIC BOULEVARD</u> Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )					
	PMB 122 PMB			22				
	POMPANO BEACH, FL 33062			D BEACH,				
	09/10/2019		L19000	228585				
3.	Date of filing/registration in Florida	4	Do	cument num	iber			
5. (a)	HARVEY ROGERS							
	Registered Agent and Registered Office shown on the records of th	ne Florida E	Dept. of State:					
	1237 EAST ATLANTIC BLVD. PM	B122						
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>						
	POMPANO_BEACH,_FL	····				2020 FEB		
	, FL_				- 11;	Ē	4 5	
						ι ω	يت ۽ رون ۽ م	
(b)	JAMES S. LEWIS				1		្រំផ្លំ	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	ess			ĬĦ	, , , , , , , , , , , , , , , , , , ,	
	200 S. E. SIXTH STREET SU	ITE 30	)1		ГТ <u>.</u>	PH 12: 32	No.	
	<u>NEW</u> Registered Office Address	<u>, , , , , , , , , , , , , , , , , , , </u>	/					
	FORT LAUDERDALE, FL 33301							
	, FL_							
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li- met of member or authorized representative of a member by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete n	egistered fility com the limite mited lial	office and th pany, it is he ed liability co bility compar AR VY fri this capacin	e business of reby confirm mpany or as iv. Hoggers inted of pred na	ffice of the r led that the c otherwise p ame of signce	egister change provide	ed (s) d in	
provisi the obl to mere notified	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ity effect a change in the registered office address, I he the writing of this change.	for in Che reby conf	apter 605, F., firm that the f	es, and 1 am J S. Or, if this limited liabili	iamiliar wit, document i, ity company	n and e s being has be	iccept filed een	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

Signature of R

gistered Agent