L19000266740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2023 JAN 19 AM 9:53
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2022

LAUREN FAIRBANKS
1951 NW 7TH AVE
STE 600
MIAMI, FL 33136 US

SUBJECT: STUNT AND GIMMICKS LLC
Ref. Number: L19000266740

We have received your document for STUNT AND GIMMICKS 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):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall
OPS Clerk

Letter Number: 622A00028364

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REV
2023 JAN 19 AM 10:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUNT AND GIMMICKS 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:

Lauren Fairbanks
Name of Person

Stunt and Gimmicks LLC
Firm/Company

1951 NW 7TH AVE STE 600
Address

MIAMI, FL 33136
City/State and Zip Code

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

For further information concerning this matter, please call:

Lauren Fairbanks at (212) 729-6120
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

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INHS18 (2/14)

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: STUNT AND GIMMICKS LLC

2. (a) 1951 NW 7TH AVE STE 600 MIAMI FL 33136
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

(b) 8 UPPER SHAD ROAD POUND RIDGE, NY 10576
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3. 02/03/2011 Date of filing/registration in Florida

4. L19000266740 Document number

5. (a) IPS LEGAL GROUP, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1951 NW 7TH AVE STE 600 MIAMI, FL 33136
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

, FL

(b) OE Boca Inc
Enter name of NEW Registered Agent and or NEW Registered Office address
2385 NW Executive Center Dr. Suite 100 Boca Raton FL 33431
NEW Registered Office Address

, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Lauren Fairbanks
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

Clary Neyra - Office Manager

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