L20000004455

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2022 FEB 25 AM 8: 07 SECRETARY OF STATE

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I ALBRITTON

COVER LETTER

TO: Registration Division o	on Section of Corporations			
SUBJECT:	FLORIDA	OUTDOOR Name of Limit	PRODUCTIONS ted Liability Company	LLC.
		Name of Limit	ica Liability Company	
Dear Sir or Madan	n:			
The enclosed Regi	stered Agent/Registe	red Office Change	e and fee(s) are submitted fo	or filing.
Please return all co	orrespondence concer	ning this matter to	o the following:	
	Name of Person	BAQUERO		
FLORIDA	OUTSOR Firm/Company	PRODUCTION	us LC.	
2935 SA	UTA MARCOS	DR.		
	Address			
CLEI	emont p	7 34	715	
	City/State and Zip	Code		
DANA @ PR	CEMIEREOUTE ss: (to be used for fut	DORMOVIES.	rotification)	
	ation concerning this			
DANA	BAQUERO	at (<u>4</u>	7 <u>494 - 09</u> Area Code & Daytir	F 9
N	ame of Person		Area Code & Daytir	ne Telephone Number
Mailing A			Street Address:	
_	ion Section		Registration Section	
P.O. Box	of Corporations		Division of Corpo The Centre of Tal	
	ee. FL 32314		2415 N. Monroe S	
			Tallahassee, FL 33	•
Enclosed	is a check for the fol	lowing amount:		
□ \$25 Fill	ing Fee		☐ \$55 Filing Fee & Certifi	ed Copy
INHS18 (2/14)	A CHECK	IN THE A	MOUNT OF \$ 35	" WAS ALREADY NITH THE PREVIOUS REFUND AS THIS
	FORM. W	ILL I RE	CEIVE A \$10.00	REFUND AS THIS



RECEIVED

2022 FEB 25 AM 8: 17

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

February 16, 2022

DANA BAQUERO 2935 SANTA MARCOS DR CLERMONT, FL 34715

SUBJECT: FLORIDA OUTDOOR PRODUCTIONS LLC

Ref. Number: L20000004455

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 Profit Corporation, but your entity is a 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.

Letter Number: 022A00003852

Irene Albritton Regulatory Specialist III

www.sunbiz.org

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.

		FLORINA	Δ	TIDONE	· 6	PODUCTIONS	40
	me of the limited liability company:	ty company:		Mail	SAME ing addre	AS (9) ss of limited liability compa	.ny:
		34715	_	\ <u>-</u>			<u> </u>
_	12/24/2019		. —			004455	
3.	Date of filing/registration in Fl		١.		cument	number	
5. (a)	UNITED STATES CORPO						
	Registered Agent and Registered Office shown of					~3	
	5575 S. SEMBRAN) BLUD. I	TUITE	36		15 SE 28	
	Registered Office Address (MUST BE FLO	RIDA STREET ADD	RESS)			200	-11
						FEB 25 DRETARI ALLAHA	Parameter Street
	ORLANDS	, FL	328	22			M
(b)	DANA BAZUERS					AM 8: 07	U
	Enter name of <u>NEW Registered Agent</u> and/or §	NEW Registered On	ice addre	<u>ss</u> :		Les -	
	2935 SANTA MARCOS I	<u></u> አጽ.					
	NEW Registered Office Address:						
	CLERMONT	, FL	347	15			
change agent v was/we	imited liability company is not organized or changes are made, the Florida street will be identical. Or, in the case of a Flogre authorized by an affirmative vote of itselfs of organization or the operating agr	address of the reg rida limited liabili the members of th	istered of ity comp le limite	office and the any, it is he d liability co	e busin reby co ompany	ess office of the registe infirmed that the change	red e(s)
				DAN.A	J.	BA QUE P >	
-	ture of a member or authorized representative of					-	
I herei provisi the obl to mere notified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered officin writing of this change.	agent and agree to and complete perj ent as provided foi ce address, I here	o act in formanc r in Cha by confi	this capacit e of my duti pter 605, F. rm that the	y. I fur es, and S. Or, limited	ther agree to comply w I am familiar with and if this document is bein liability company has l	ith the accept g filed seen

Signature of Registered Agent