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36938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

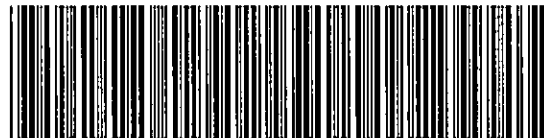
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2020 FEB 13 AM 9:08

C. GOLDEN

APR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ludic Arts 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:

Kristin Powers
Name of Person

Ludic Arts LLC
Firm/Company

9712 Mia Circle, Apt 2112
Address

Orlando, FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Kristin Powers at (407) 580-1553
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 13 PM 11:33

March 19, 2020

KRISTIN POWERS
9712 MIA CIRCLE #2112
ORLANDO, FL 32819

SUBJECT: LUDIC ARTS LLC
Ref. Number: L20000036938

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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00006000

**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: Ludic Arts LLC

2. (a) 9712 Mia Circle Apt 2112 (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Orlando, FL 32819

3. 1/30/20
Date of filing/registration in Florida

4. L20000036938
Document number

5. (a) United State Corp. Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste Suite 36
Orlando, FL 32822

(b) Kristin Powers
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9712 Mia Circle, Apt 2112
NEW Registered Office Address:

Orlando FL 32819

_____, 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.

Kristin Powers
Signature of a member or authorized representative of a member

Kristin Powers
Printed or typed name of signee

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.

Kristin Powers
Signature of Registered Agent