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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SYMPHONIC PRODUCTIONS LLC

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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

Florida.	
1. Name of the limited liability company: Symphonic	Productions LLC
2. (a)	(b)
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702
02/13/20	L20000050818
3. Date of filing/registration in Florida 4.	Document number
5. (a) UNITED STATES CORPORATION AGE	NTS. INC.
Registered Agent and Registered Office shown on the records of the Flo	
5575 S. SEMORAN BLVD.	
Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)
SUITE 36	
ORLANDO	322
Northwest Registered Agent LLC	20
Enter name of NEW Registered Agent and/or NEW Registered Offic	daddress:
7901 4th St N	
NEW Registered Office Address:	_ =
STE 300	
St. Petersburg	702
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the ragent will be identical. Or, in the case of a Florida limited liabilit was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limit	egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfethe obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I hereby notified in writing of this change. Taylor Newman - Assistant Se	ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been

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

Signature of Registered Agent