

(Requestor's Name)						
(Address)						
(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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MAY 2 1 2023						

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## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJEC <sup>*</sup>	Toon Kids LLC					
	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning	this matter to the	following:			
Dan Berge	r					
	Name of Person		_			
Toon Kids	LLC					
	Firm/Company					
1032 E BF	RANDON BLVD #1154					
	Address					
BRANDO	N, FL, 33511					
	City/State and Zip Cod	e				
admin@to	on-kids.com					
E-m	ail address; (to be used for future	annual report notif	ication)			
For further	r information concerning this mat	ter, please call:				
Dan Berge	er	323 at (	3646061			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	lailing Address: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ing amount:				
ī	\$25 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.

l. Na	nme of the limited liability company: Toon Kids LLC			
2. (a)	1032 E BRANDON BLVD #1154BRANDON, FL, 33511		1032 E BF	RANDON BLVD #1154BRANDON, FL, 335
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/04/2020	_ <del>-</del>	L200000719	955
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	INCORP SERVICES INC			
2. (u)	Registered Agent and Registered Office shown on the records of 17888 67th Court North	_ e: _		
	Registered Office Address (MUST BE FLORIDA STREET)			
	LOXAHATCHEE, FL	33470	-	
(b)	Virtual Post Solutions, Inc.	_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
	1032 E Brandon Blvd.			
	NEW Registered Office Address:	_		
	Brandon . FI	33511		-
change agent v was/w	imited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin limited	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee
I here provis the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, 1) d in writing of this change.	perform d for in s	ance of my ( Chapter 60)	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Signati	ire of Registered Agent			