

L20000100584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

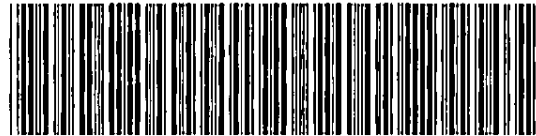
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200358983762

02/01/21--01012--007 **35.00

RECEIVED

APR 21 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zubrick Magic Theatre, LLC
Name of Corporation

DOCUMENT NUMBER: 120000100584

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher R Zubrick

Name of Contact Person

Zubrick Magic Theatre, LLC

Firm/Company

4604 49th Street N., Suite 1058

Address

St. Petersburg, FL 33709

City/State and Zip Code

contact@zubrickmagic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher R Zubrick

Name of Contact Person

at (727)

313-0125

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2021

CHRISTOPHER R. ZUBRICK
4604 49TH ST N STE 1058
ST PETERSBURG, FL 33709

SUBJECT: ZUBRICK MAGIC THEATRE, LLC
Ref. Number: L20000100584

We have received your document for ZUBRICK MAGIC THEATRE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a 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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 421A00005296

**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: ZUBRICK MAGIC THEATRE, LLC
2. (a) ZUBRICK MAGIC THEATRE, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4604 49TH STREET N., SUITE 1058
ST. PETERSBURG, FL 33709
- (b) ZUBRICK MAGIC THEATRE, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4604 49TH STREET N., SUITE 1058
ST. PETERSBURG, FL 33709
3. 04/13/2020
Date of filing/registration in Florida
4. L20000100584
Document number
5. (a) FL PATEL LAW PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
360 CENTRAL AVE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 800
SAINT PETERSBURG, FL 33701
- (b) CHRISTOPHER R ZUBRICK
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4604 49TH STREET N.,
NEW Registered Office Address:
SUITE 1058
ST. PETERSBURG, FL 33709

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.

Christopher R. Zubrick
Signature of a member or authorized representative of a member

CHRISTOPHER R ZUBRICK
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.

Christopher R. Zubrick
Signature of Registered Agent