## L20000101946

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		, ,		
	19	150/3/H		

¥

Office Use Only



300374758423

10/12/21--01054--009 \*\*200.00

SECRETARY OF SIAP

T 12 AM 1:0

7.3

## COVER LETTER

TO:

TO: Registration Section Division of Corporations				
SUBJECT: BALLA ENTERTAIN	MENT LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.			
Please return all correspondence conc	erning this matter to the following:			
Ivan Parron				
Name of Per	son			
P & A Registered Agents, LLC				
Firm/Compa	n <u>v</u>			
8151 SW 143rd Street				
Address				
Palmetto Bay, FL 33158				
City/State and Z	ip Code			
ip@parronlaw.com				
E-mail address: (to be used for	future annual report notification)			
For further information concerning th	is matter, please call:			
Ivan Parron	305 459-3349			
Name of Person	at () 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			
INHS18 (2/14)				

## 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.

a) _	100 KINGS POINT DRIVE #1805	(b)	100 KINGS POINT DRIVE #1805
Ψ).	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (8).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUNNY ISLES, FL 33160	 	SUNNY ISLES, FL 33160
	04/13/2020		1.20000101946
	Date of filing/registration in Florida	4.	Document number
(a)	P & A Registered Agents, LLC		
,	Registered Agent and Registered Office shown on the records of the 1360 Lugo Avenue	he Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	, FL_	33156	
b)	P & A Registered Agents, LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	en:
	8151 SW 143rd Street		
	NEW Registered Office Address:		—————————————————————————————————————
	Palmetto Bay	33158	<del></del>
nge nt v /we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility com f the limit limited lia	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
gnat	ture of a member or authorized representative of a member	1 ( ( ) ( )	Printed or typed name of signee
- erel vivi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided thy reflect a ch <del>ange in</del> the registered office address. I h	nerforman	a this capacity. I further agree to comply with the