L20 000 151 153

| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| · · · | | | |
| /Address | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (D) | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| · | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000410030540

06/09/23--01006--008 **25.00

2023 JUN - 9 PM 6: 08
SECRETARY OF STATI

IN

COVER LETTER

| Division of Corporations | ; | | |
|--|--|--|--|
| PANOPLY STUDIO, LLC SUBJECT: | | | |
| | nited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| CRISMARY PASCARELLA | | | |
| Name of Person | | | |
| PANOPLY STUDIO, LLC | | | |
| Firm/Company | | | |
| 637 NE 92ND STREET #12C | | | |
| Address | | | |
| MIAMI SHORES, FL 33138 | | | |
| City/State and Zip Code | | | |
| crismary@panoplystudio.com | | | |
| E-mail address: (to be used for future annual repor | t notification) | | |
| For further information concerning this matter, please ea | nll: | | |
| CRISMARY PASCARELLA 30 | 5 925-9650 | | |
| 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 | | |

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.

| 1. N: | ame of the limited liability company: PANOPLY S | TUDIO, L | J.C | | | |
|--|--|--|----------------------------------|---|--|--|
| 2. (a) | 66 WEST FLAGLER STREET #900 | | (ŀ | 637 NE | 92ND STREET #12C | |
| (, | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | :: | (, | ′′ - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | MIAMI, FL 33130 | | | MIAMI SHORES, FL 33138 | | |
| | | | | | | |
| | 05/27/2023 | | | L2000015 | 1153 | |
| 3. | Date of filing/registration in Florida | 4. | | <u> </u> | Document number | |
| 5. (a) | CRISMARY PASCARELLA | | | | | |
| (b) | Registered Agent and Registered Office shown on the records of the Florida Dept, of State 637 NE 92ND STREET #12C | | | | ate: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 202 | |
| | MIAMI SHORES | | 3 | | FILEC 2023 JUN-9 PM SECRETARY OF TALLAHASSEE | |
| | NEW REGISTERED OFFICE ADDRESS | | | | FILED JUN-9 PM 6 RETARY OF S LLAHASSEE | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | tered Office | ad: | dress: | D C C C C C C C C C C C C C C C C C C C | |
| | NEW Registered Office Address: | . <u> </u> | | | _ | |
| | 66 WEST FLAGLER STREET #900 | | | | | |
| | MIAMI | , FL ³³¹³⁰ | } | | | |
| change agent v was/we the arti Signal I herei provisi the oblice of the mere | imited liability company is not organized under the cor changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the member cles of organization or the operating agreement of the armointment as registered agent and completely of all spatiales relative to the proper and completely reflect a drange in the registered agent as provide reflect a drange in the registered office address I in writing of this change. | the registed liability ers of the limite Capree to a left nerfor | ere co. lim d li RIS | d office a mpany, it ited liabil iability co SMARY P in this ca ince of m | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. ASCARELLA Printed or typed name of signee pacity. I further agree to comply with the chatter, and I am familiar with and accept | |
| Signatu | TO HE ROSELLATE APROPER | | | | | |