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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	ِينَيْنِ الْمُرْيِنَ
	Account Name : REGISTERED AGENT SOLUTIONS INC
	Account Number : I20100000062
	Phone : (888)705-7274
	Fax Number : (888)706-7274
Enter	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ARAGON ARTISTS LLC

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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Aragon Artists L	LC
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Zachary Ysais	
Name of Person	
Registered Agent Solutions, Inc.	
Firm√Company	
Corporate Center One, 5301 Southwe	est Pkwy, Ste 400
Address	 _
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future an	mual report notification)
For further information concerning this matte	r, please call:
Zachary Ysais	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
☐ \$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.

1. Na	ame of the limited liability company: Aragon A	irtists l	LLC			
2. (a)	100 NW 6TH ST. # 1801	{ b	1100 P	RICKELL B	AY DRIVE # 310846	
2. (u)	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(Note: MUST BE STREET ADDRESS)		NALA NA	<u>ه به به</u>	·	
	MIAMI, FL 33136					
	7/2/2020		L2000	0187657		
3.	Date of filing/registration in Florida	<u> </u>		Document nu	mber	
5. (a)	REGISTERED AGENTS INC.					
J. (a)	Registered Agent and Registered Office shown on the records of 7901 4TH ST N	of the Florid	a Dept, of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	7,52	
	STE 300				音音でか	
	ST PETERSBURG	ւ_3370)2	_	1127	
(b)	Registered Agent Solutions, Inc.			_	TALLAHIASSEE FLORID	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	ldress:		25.	
	155 Office Plaza Dr.			_	Üξ ω	
	NEW Registered Office Address.					
	Suite A			_		
	Tallahassee	_L 3230)1			
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lin	istered offic ompany, it nited liabili	re and the busit is hereby confi ty company or	ness office of the registered irmed that the change(s)	
/s/ A	ndrew McLaughlin	And	drew McI		Authorized Signer	
-	iture of a member or authorized representative of a member				d name of signee	
provisi the obj to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide by reflect a change in the registered office address, d in writing of this change.		2/103/5// /\{	· /\$11f1//\$ /11/1/1 f /	m tamillar with and accent	
	Mackenzie Hart, Asst. Secretary are of Registered Agent					