Division of Corporations

12/11/2020

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000422045 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090 Phone : (407)232-6777

Fax Number : (407)710-0533

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🛴

Email Address:___

LLC REGISTERED AGENT CHANGE **ERUDITE PRODUCTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T.

14077100533 DocuSign Envelope ID: B8DBCA7F-AE56-4263-AE65-C2860B1AAB85

(((H20000422045 3)))

COVER LETTER

1	TO:	Registration Section
		Division of Corporations

ERUDITE PRODUCTIONS LLC SUBJECT:	• ,				
Nobsect.	T: Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and fee(s) ar	re submitted for filing.			
Please return all correspondence concerning	this matter to the following	g:			
FELIPE MARDAKIS					
Name of Person			7.23 850		
ASCENT ACCOUNTING GROUP					
Firm/Company					
7345 W SAND LAKE RD STE 209			=======================================		
Address					
ORLANDO, FL 32819					
City/State and Zip Cod	e				
info@ascentaccouting.com					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	ter, please call:				
NATALIE MARDAKIS	407 232	2-6777			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Name of Person

Street Address:

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

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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. N	lame of the limited liability company: ERUDITE PROD	UCTION	IS LLC	
2. (a)	6977 DOLCE ST, ORLANDO, FL 32819	(ł	6977 DOL	CE ST. ORLANDO, FL 32819
2 . (w)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	08/05/2020 Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	- - 4.	L200002360	629 Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5575 S SEMORAN BLVD. SUITE 36			7.23 DE C
	ORLANDO, FL	32822	<u> </u>	C PH 4:
(b	ASCENT ACCOUNTING GROUP Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
	7345 W SAND LAKE RD STE 209 NEW Registered Office Address:			-
	ORLANDO, FL	32819		-
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registerability confirmation from the limited	ed office and empany, it is nited liability liability com	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
\\$\	Michael E. Dabrowski	MIC	CHAEL E DA	
I her provi the or to me notifi	nature of a member or authorized representative of a member eby accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I head in writing of this change. The true of Registered Agent	nertorm	ance of my a	luties, and Lam tamiliar with and accept