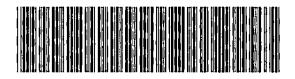
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DEC 0 5 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Spotlight Teature F  Name of Limited Lia	ilms, LL C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Dessica Roszko Name of Person	_
Spatisnt Festure Films	i LL C
9838 Old Baymerdans Rd Address	#187
Jacksmille FL 3225 City/State and Zip Code	So
E-mail address. (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Dessica Poszko at (904) Name of Person	S&6-6033  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.	Na	me of the limited liability company: Spotlight Fecture Films, LC
2.	(a)	(b)
	` /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		13720 Old St Augustine Pul Ste 8 #278 (Same)
		Jacksonville, Fl 32258
3.		9/8/200 L2000378835  Date of filing/registration in Florida  4. Document number
	(a)	Date of thing registration in Florida 4. Document number
	( )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		9838 Old Baymesdows Rd #187
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		JACKSMUILL,
		3.22-(
		, FL Ddd 5 6
	(b)	Jeff Thomas
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		13720 Old St. Augustine Rd. Stu 8 #278
		NEW Registered Office Address:
		Jacksonuille
		FL 322 58
lf t	he li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
cha	nge	or changes are made, the Florida street address of the registered office and the business office of the registered
wa	nı v s/we	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the limited liability company.
_		Jessica Ruszka
	_	ure of a member of authorized representative of a member Printed or typed name of signee
pro the to i	visio obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sig	natu	e of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00