## L20000334399

(Requestor's Name)	
(Address)	10035927
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/04/2101013-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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	<i>.</i>

Office Use Only



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2/12/21

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Heavy Hittas Entertainment, LLC SUBJECT:	:	
	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
David L. Paul		
Name of Person		<del>_</del> _
DLP Law, PLLC		
Firm/Company		<del></del>
14 NE 1st Avenue, Suite 815		
Address		<del></del>
Miami, Florida 33132		
City/State and Zip Cod	e	
dpaul@diplaw.org		
E-mail address: (to be used for future	annual report notif	fication)
For further information concerning this mat	ter, please call:	
David L. Paul	305	9088690
Name of Person	a. (	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 follow	ing amount:	
₹3\\$25 Filing Fee	□ s	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	ame of the limited liability company: Heavy Hitters Enter	rtainn	ent, LLC			
2.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	N	failing address of limited liab (Note: MAY BE POST OF)	ility company:	
		2017 S OCEAN DR, 207, HALLANDALE BEACH, FL 33	- 60 •	2017 S OCE	EAN DR, 207, HALLAND		I, FI.
		10/21/2020		L2000033439	99		
3.		Date of filing/registration in Florida	4.		Document number		
-	(n)						
٦.	(a)	Registered Agent and Registered Office shown on the records of the	e Flor	ida Dept. of State	:		
		Brett Welch					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>			
		2017 S OCEAN DR, 207					
		HALLANDALE BEACH	3009				
		, rL_					
	(b)						
Enter name of NEW Registered Agent and/or NEW Registered Office ad-							
		DLP Law, PLLC					
		NEW Registered Office Address:			~	` 2 <sub>6</sub>	
		14 NE 1st Avenue, Suite 815				2021 FEG	
				<del></del> -	•	7.7	,
		Miami E1 3	3132		•	1 25- 2	*
ch ag wa	ange ent v as/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabers.	egiste oility the l	ered office and company, it is imited liability	the business office of the hereby confirmed that the company or as otherwise	e registered re change(s)	ı
		Vauty /VM	Bı	ett Welch			
	Signa	ture of a member or authorized representative of a member			Printed or typed name of sign	iee	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he thin writing of this change.	erfor	mance of my d	uties, and I am familiar	with and acc	cent
-	guatu	re of Registered Agent					

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