<u>~</u>____ -2000336327

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PICK-UP	
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TO: Registration Section Division of Corporations

SUBJECT: _____

Name of Limited Liability 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:

LOGAN PARKER

Name of Person

BASS SOX MERCER

Firm/Company

2822 REMINGTON GREEN CIRCLE

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

LPARKER@DEALERLAWYER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOGAN PARKER	850 878-6404 at (878-6404		
Name of Person	Area Code & Daytime Telephone N	lumbe		
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81	0		
	Tallahassee, FL 32303			

Enclosed is a check for the following amount:

See \$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.

I. N	ame of the limited liability company:	OWN FILM:	S LLC				
2. (a)	600 BRICKELL AVENUE		(b) 600 BRICKELL AVENUE				
2. (u)	Principal office address of limited liability company; (<i>Note: MUST BE STREET ADDRESS</i>)		Mail	ing address of limited liability Tote: MAY BE_POST OFFIC	• •		
	STE 2950		STE 2950				
	MIAMI, FL 33131		MIAMI, FL 33	3131			
	OCTOBER 26, 2020		1.20000336327				
3.	Date of filing/registration in Florida	4.	Do	cument number			
5. (a)	ALVAREZ AND MARSAL TAXAND, LLC				2		
2. (u)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	DEURETAKY ALI AHASSI			
	Registered Office Address (MUST BE FLORIDA STREE	<u></u>	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	All Ass			
	600 BRICKELL AVENUE						
	MIAMI	FL					
(b)	BASS SOX MERCER				2		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	<u>tress</u> :				
	NEW Registered Office Address:						
	2822 REMINGTON GREEN CIRCLE						
	TALLAHASSEE	PL. 32308					
change agent v was/w	imited liability company is not organized under the less of changes are made, the Florida street address of the 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	he registere liability co s of the lim	d office and the npany, it is her ited liability co	e business office of the r reby confirmed that the impany or as otherwise p	registered change(s)		
A	prt sil-	LOC		AUTHORIZED REPRESI	ENTATIVE		
Signa	ture of a member or authorized representative of a member		Pri	nted or typed name of signee			
provisi	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid aby ratio of my position by registered affice address	te performa led for in C	nce of my dutie hapter 605, F.S	es, and I am familiar wit S. Or, if this document i	th and accept is being filed		

egistered office address. I hereby confirm that the limited liability company has been in writing of this change. notifie

L Signature of Registered Agent

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

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