LZO 00034Z488

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ad | idress) | | | |
| (Ad | ldress) | 331 | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | N0\$ | | |

Office Use Only



800353251688

04/06/21--01009--021 **29.01

2021 FEB 19 PH 4: 44 SECRETARY OF STATE

RA Change

MAR 3 () 2021

D CUSHING

COVER LETTER

| Division of Corporations | | | | |
|---|---|----------|------------|------------|
| SUBJECT: Bar Sty Productions | LLC | | ~ | |
| Name of Limited Liabil | lity 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 | owing: | | | |
| Alexis Tresor Name of Person | | | | |
| Bar Sly Productions | ٠ | | | <i>'</i> . |
| 340 Fth Street South #3 | • | SECRET | 2021 FEB 1 | er man |
| 5- Peters Dung F2 33701 City/State and Zip Code | | ARY OF S | 19 PM 4:44 | |
| alexis. Day Sly event wature tions Dame E-mail address: (To be used for future annual report-notification) | dil-com ion) | FLE | ÷ f• | |
| For further information concerning this matter, please call: | | | | |
| Alexis Tresor at (646) Name of Person | rea Code & Daytime Telephone | : Numbe | Эг | |
| Registration Section F Division of Corporations L P.O. Box 6327 T Tallahassee, FL 32314 2 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | 810 | | |
| Enclosed is a check for the following amount: | | | | |

☐ \$55 Filing Fee & Certified Copy



January 8, 2021

ALEXIS TRESOR 340 7TH STREET SOUTH #3 ST. PETERSBURG, FL 33701

SUBJECT: BARFLY PRODUCTIONS LLC

Ref. Number: L20000342488

We have received your document for BARFLY PRODUCTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00000401

JEARLD H QUICK Senior Clerk

www.sunbiz.org

-STÄTEMENT 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. Na | me of the limited liability company: | Shy Pr | aduc. | tions | 220 | | | |
|---------------------------------|--|--|--|---|---|---------------------------------------|--|----------|
| 2. (a) | Principal office address of limited liability compar | , / 2 (b) ny: | 340 | Mailing addr | <u>Street</u> ess of limited | iability | company: | 3 |
| | (Noie: MUST BE STREET ADDRESS) 5- Peters burg FL 33 70/ | | 5-1 | (<u>Noie: M.</u> Petenz b | UYA } | OFFICI C | <u>: 80x</u>) 33 FO | <u>7</u> |
| 3. | 10.28.20 Date of filing/registration in Florida | | <u>L2</u> | 00003 | 42480 | 8 | | |
| | 11/01/01/01 | Agents ords of the Florida I | | - - | SECRETARY OF TALLAHASSE | 2021 FEB 19 P | | |
| (b) | Alexies Tyesov Enter name of NEW Registered Agent and/or NEW Reg | | | _ | EE. FL | PH 1: 44 | C | |
| | 340 Fth Street South NEW Registered Office Address: | <i>#</i> 5 | - I | _ | | | | |
| change agent w was/we | mited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the members of organization or the operating agreement of | of the registered ited liability con bers of the limit | l office an pany, it i ed liabilit bility con | id the busin s hereby co ly company npany. | ess office on a firmed that or as other | f the re t the cl wise pr | gistered hange(s) | e |
| Signat | ure of a member or authorized representative of a member | | Alexi | Printed or t | yped name of | signee | | _ |
| provisio the obli to mere | ny accept the appointment as registered agent an ons of all statutes relative to the proper and com gations of my position as registered agent as pr ly reflect a change in the registered office addre I in writing of this change | nd agree to act i aplete performan ovided for in Cl ess. I hereby con | n this cap ice of my apter 602 firm that | acity. I fur duties, and 5. F.S. Or, the limited | ther agree t I am famili if this docud liability cod | o comp ar with nent is npany | ply with the and accep being filed has been | of f |
| Signatur | e of Registered Agent | _ | | | | | | |