

L21 0000064347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

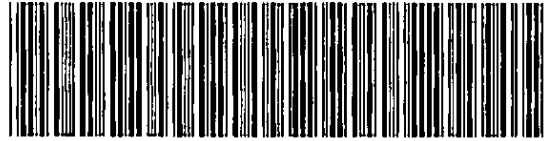
Special Instructions to Filing Officer:

J. HORNE

MAY 26 2022

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FILED
2022 MAY 16 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FL

April 27, 2022

SCOTT LAWRENCE
18258 ~~COMINA~~ WAY (Covina Way)
UNIT 202
BOCA RATON, FL 33498 US

SUBJECT: TIGERS EYE PICTURES LLC
Ref. Number: L21000064347

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 922A00009831

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tigers Eye Pictures, LLC.
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:

Scott Lawrence
Name of Person

TIGERS EYE PICTURES, LLC.
Firm/Company

18258 Conway Way #202
Address

Boca Raton, FL 33498
City/State and Zip Code

tigerseyepictures@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Lawrence at (561) 929-9544
Name of Person 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

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. Name of the limited liability company: Tigers Eye Pictures, LLC.
2. (a) 18258 Covina Way, Suite 202 (b) 18258 Covina Way, Suite 202
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33498 Boca Raton, FL 33498

3. 3/14/2022 Date of filing/registration in Florida 4. L21000064347 Document number

5. (a) Biz Filings
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324

- (b) Scott Lawrence (Regan)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
18258 Covina Way, Suite 202
Boca Raton, FL 33498

FILED
2022 MAY 16 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL 32311

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Scott Lawrence (Regan)
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent