121000189178

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
J. HORNE					
	OCT - 4 2022				

Office Use Only



000390421890

07/05/22--01025--002 **35.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Dance - In A Box Publishing LLC			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Samantha Fryer			
Name of Person			
Corporate Direct, Inc.			
Firm/Company			
2248 Meridian Blvd Ste H			
Address			
Minden, NV 89423			
City/State and Zip Code			
sfryer@corporatedirect.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, please	se call:		
Samantha Fryer	(800) 600-1760		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amo	unt:		
S25 Filing Fee	S55 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. N	ame of the limited liability company: Dance - In a	A Box Pu	ublishing L	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)
	174 Watercolor Way Ste 103 PMB 296		174 Wa	itercolor Way Ste 103 PMB 296
	Santa Rosa Beach, FL 32459		Santa F	Rosa Beach, FL 32459
	4-23-2021		L210001	89178
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept, of Sta	te:
	Legalcorp Solutions, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	<u>(S)</u>	_	
	3440 W Hollywood Blvd, Ste 415			
	Hollywood	_{FL} 33021		2022 SEC FALL
(b)	Registered Agents Inc.			EII E
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	- 5 - 5
	7901 4th St N			
	NEW Registered Office Address:			- :
	STE 300			_
	St. Petersburg	_{FL} 33702	<u>.</u>	
the cha agent v was/wo	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the street are the contractions.	s of the reg d liability c rs of the lir the limited	istered office company, it in mited liabilith liability con	tee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member	<u> </u>	cia Gome.	Printed or typed name of signee
I here provisi the obl to mere	hy accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address. If in writing of this change.	agree to ac ete perforn ided for in . I hereby c	et in this cap nance of my Chapter 60 confirm that	vacity. I firsther garge to comply with the

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent