

h21 000218704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

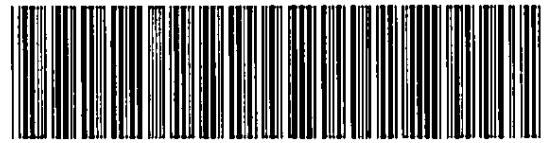
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700377017557

11/23/21--01007--008 **25.00

FILED
2021 NOV 23 AM 7:10
SECOND JUDGE
TALLAHASSEE, FL

C. BRUMBLEY

DEC 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTISTIK CONNECTIONS 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:

MALIK MUHAMMAD

Name of Person

ARTISTIK CONNECTIONS LLC

Firm/Company

711 E FLAG WAY

Address

KISSIMMEE, FL, 34759

City/State and Zip Code

MALIK.MUHAM@GMAIL.COM

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

For further information concerning this matter, please call:

MALIK MUHAMMAD

Name of Person

321 9148613
at () _____

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

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.

2. (a) 711 E FLAG WAY, KISSIMMEE, FL. 34759
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 711 E FLAG WAY, KISSIMMEE, FL. 34759
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LEGALCORP SOLUTIONS, LLC

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

MALIK MUHAMMAD

NEW Registered Office Address:

711 E FLAG WAY

KISSIMEE, FL 34759

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.

Malik Muhammad

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

FILING FEE: \$25.00

INFLUENCE OF...