## **Division of Corporations Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000434888 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE AMAYA CREATIONZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 2 9 2022 A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

## 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.

l. Na	ame of the limited liab	ility company: A	maya Cr	eatic	nz			
2. (a)				_ (b)				
	· · · · · · · · · · · · · · · · · · ·	dress of limited habili ST RE STREET ADD			:	Mailing address of limited liab ( <u>Note: MAY BE POST OF</u>		-
	06/28/21			_	.2100	0296958		<del></del>
3.	ì	g/registration in Flo		4.		Document number		
5. (a)	UNITED STAT					_		
	Registered Agent and Reg		n the records of the	e Florida D	Pept, of State	e:	2	
	5575 S. SEMO	RAN BLVD.				_	2022 DEC	•
	Registered Office Addres	(MUST BE FLOR	<u>IDA STREET AL</u>	DRESS)			030	Ž
	36					_	28	7 7 7 7
	ORLANDO			32822		_		
, lle s	Registered A	 Aaents Inc					AM II: 2	Mur No.
(b)	Enter name of NEW Regi			ffice addr	ess:	-	7	-
	7901 4th St				_			
						_		
	NEW Registered Office A	idaress:						
	STE 300							
	St. Petersbi	μrg	<sub>F1</sub> 3	3702				
the char agent w was/we	nge or changes are ma vill be identical. Or, ir	de, the Florida stre the case of a Flor firmative vote of the	et address of thi ida limited liab ne members of	ic registe ility con the limit	ered office apany, it is ed liability	orida, it is hereby confire and the business office s hereby confirmed that t y company or as otherwi apany.	of the reg	istered c(s)
	Zilmi Park			Riley	/ Park			
Signat	ure of a member of authori	red representative of a	member			Printed or typed name of sig	nee	
provisio The obli To mere Totified	ons of all statutes rela igations of my position ily reflect a change in I in writing of this cha	tive to the proper of as registered age the registered officinge.	ind complete po nt as provided j re address, I he	erforman for in Ch reby con	ice of my a apter 605 firm that	acity. I further agree to duties, and I am familiar . F.S. Or. if this docume the limited liability comp	comply w with and rnt is bein pany has l	ith the accept g filed been
u H.		Bill Havre	- Assistant (	Secreta	ıry			
218uarni	re of Registered Agent							