L21000308901

(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 AUG 2 8 2025				

Office Use Only



400452481644

025 ACC 27 ACC 9: 1/0/25 AUG 27 PH 12:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	08/27/2025						
Name	Delijah Showers	_					
Refere	ence #: 2875632	_					
	Name: NUOVO ARTISTIC	STUDIOS (MIAMI), LLC					
<u></u>							
	Articles of Incorporation/Authorization	to Transact Business					
	Amendment						
✓	✓ Change of Agent						
	Reinstatement						
	Conversion						
	Merger						
	Dissolution/Withdrawal						
	Fictitious Name						
	Other						
Autho	rized Amount: \$25	 					
Signat	ture: Delijah Showers						



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	08/27/2025						
	Delijah Showers						
Reference #	2875632						
		IC STUDIOS (MIAMI), LLC					
☐ Article	es of Incorporation/Authorizati	on to Transact Business					
Amer	ndment						
Change of Agent							
Reinstatement							
Conversion							
☐ Merger							
☐ Dissolution/Withdrawal							
☐ Fictitious Name							
Other	<u> </u>						
Authorized A	Amount: \$25						
Signature: 4	Delizah Showers						



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.

Name of the limited liability company:		NUOVO ARTISTIC STUDIOS (MIAMI), LLC		
2.	(a)	3701 Biscayne Blvd	(b)	3701 Biscayne Blvd
2. (()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Miami, FL 33137		Miami, FL 33137
		7/6/2021		Document number Document number
3.		Date of filing/registration in Florida	4.	Document number
3 .	(a)	ERIC HOOD		of State:
J. (4)	` ′	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
		115 N CALHOUN ST STE 4		
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	of State:
		TALLAHASSEE	32301	
(b)	(b)	Cogency Global Inc.		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
		115 North Calhoun Street, Suite 4	ı	
		NEW Registered Office Address:		
		Tallahassee . FL	32301	
the age wa	cha ent w s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compan f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		J'		Julian Jesse Pavey
	-	ture of a member or authorized representative of a member		Printed or typed name of signee
I F pro the to i not	ierel ovisi obli mere tifiec	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I'in writing of this change.	ee to act in thi performance of I for in Chapte iereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed of that the limited liability company has been
		/S/Eric Hood		
515	matui	re of Registered Agent		