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(Requestor's Name) (Address) (Address)	200372320462
(City/State/Zip/Phone #)	09/07/2101042022 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2021 SFP - 7 PH 5: 21
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COVER LETTER

 TO:
 Registration Section

 Division of Corporations
 .

 SUBJECT:
 R and D Entertainment, LLC

 Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debralyn Belletieri

Name of Person

R and D Entertainment, LLC

Firm/Company

514 Via de Palmas

Address

Boca Raton, FL 33432

City/State and Zip Code

debralyn2255@aol.com

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

For further information concerning this matter, please call:

Debralyn Belletieri	561 at (6996990)
Name of Person	••• (Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
		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.

. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (<u>Note: MAY BE POST OFFICE BOX</u>)		
	514 Via de Palmas		514 Via d	e Palmas	
	Boca Raton, FL 33432		Boca rato	FL 33432	
	7/22/21		L21000333	572	
	Date of filing/registration in Florida	4.		Document number	
(a)	Ronnie Belletieri				
	Registered Agent and Registered Office shown on the records o				202
	Registered Office Address(MUST BE FLORIDA STREET)514 Via de Palmas	ADDRES	<u>S1</u>		2021 SEP
	Boca Raton, F		<u> </u>	_	
(b)	Boca Raton, F	L <u>33432</u>			-7 PH 5:
(b)	Boca Raton, F	L <u>33432</u>			-7 PH
(b)	Boca Raton, F	L <u>33432</u>			-7 PH 5:
(b)	Boca Raton, F Debralyn Belletieri Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	L <u>33432</u>			-7 PH 5:
(b)	Boca Raton, F Debralyn Belletieri Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Strikes Cigar Lounge	L <u>33432</u>			-7 PH 5:

the articles of organization or the operating agreement of the limited liability company. <u>Debrayn Belletiers</u> <u>Debrayn Belletiers</u> <u>Signature of a member or authorized representative of a member</u> <u>Printed of typed name of signce</u>

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.

Brolyn. leter Signature of Registered Agent

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