

L21 000371174

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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2022 FEB 28 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Satori Entertainment 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:

Marcel Bacchus  
Name of Person

Satori Entertainment LLC  
Firm/Company

3003 Terramar St. #1502  
Address

Ft. Lauderdale/FL 33304  
City/State and Zip Code

mbacchus@satori.entertainment.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcel Bacchus at ( 504 ) 544-1111  
Name of Person 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

**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. Name of the limited liability company: Satori Entertainment LLC

2. (a) 3003 Terramar St #1502

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Ft. Lauderdale, FL 33304

(b) 3003 Terramar St #1502

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Ft. Lauderdale, FL 33304

3. 8/18/21  
Date of filing/registration in Florida

4. 121000371174  
Document number

5. (a) Marcel A Bacchus II  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

710 Bayshore DR. #4  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33304

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

3003 Terramar St. #1502  
**NEW** Registered Office Address:

Ft. Lauderdale, FL 33304

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.

Marcel Bacchus  
Signature of a member or authorized representative of a member

Marcel Bacchus  
Printed or typed name of signer

*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.*

Marcel Bacchus  
Signature of Registered Agent

**FILED**  
2022 FEB 28 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

M16 000000 3738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

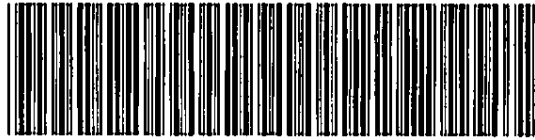
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Special Instructions to Filing Officer:

J. HORNE

MAR - 9 2022

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02/28/22--01022--024 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32311

2022 FEB 28 AM 8:29

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WC WH DELAWARE 1 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:

MICHAEL P. MAYORAL

\_\_\_\_\_  
Name of Person

PEREZ MAYORAL P.A.

\_\_\_\_\_  
Firm/Company

999 PONCE DE LEON BLVD., SUITE 705

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

MMAYORAL@PMLAWFLA.COM

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

For further information concerning this matter, please call:

MICHAEL P. MAYORAL

at ( 305 ) 495-3535

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**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. Name of the limited liability company: WC WH DELAWARE 1 LLC

2. (a) 1521 ALTON RD (b) 1521 ALTON RD

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

# 151

# 151

Miami Beach, FL 33139

Miami Beach, FL 33139

05/09/2016

M16000003738

3. Date of filing/registration in Florida

4. Document number

5. (a) MAYORAL, MICHAEL P.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2600 DOUGLAS RD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

SUITE 1007

CORAL GABLES, FL 33134

(b) MAYORAL, MICHAEL P.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

999 PONCE DE LEON BLVD.

**NEW** Registered Office Address:

SUITE 705

CORAL GABLES, FL 33134

FILED  
2022 FEB 28 AM 8:29  
TALLAHASSEE, FL  
SECRETARY OF STATE

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.

Gina Louise Lopez

Signature of a member or authorized representative of a member

MAYORAL, MICHAEL P.

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