L21000373642

(Re	questor's Name)	<u> </u>
(Add	dress)	····
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

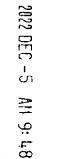




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A. RIVERS FEB 2 4 2023



CC	OVER LETTER .
TO: Registration Section Division of Corporations	*
SUBJECT: Art in Nate of Li	ure Exhibitions imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Kia Carr Name of Person	
Art in Nature E	xhibitions
1250 NE 125 ST. A	PT. 318
North Miami Fl. City/State and Zip Code	<u>3316</u> 1
E-mail address: (to be used for future annual epo	nal_Com ort notification)
For further information concerning this matter, please	call:
Ria Carr at (786) 838-7783 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

S25 Filing Fee

Enclosed is a check for the following amount:

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. Na	me of the limited liability company: Art in Nature Exhibitions
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	North Miami, FL 33161 1811.7 Biscayne Blvd. #144 Miami, FL 33160
3.	8-24-2021 Date of filing/registration in Florida L21000373442 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1901 4+17 5T. N STE 300 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Saint Petersburg FL 33702 Ria Carr Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 250 NE
	North Miami FL 33/41
change agent v was/we the arti	imited liability company is not organized under the taws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. The Carry Printed or typed name of signee
I herel provisi the obl to merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.
Signatu	re of Registered Agent