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A. PRATY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLAYKILL 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:

Isaac Elias Elesgaray

Name of Person

PLAYKILL LLC

Firm/Company

8004 sw149th Ave Apt. C-209

Address

Miami, FL, 33193

City/State and Zip Code

info@playkill.co

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

For further information concerning this matter, please call:

Isaac Elias Elesgaray

at (305)

903 5086

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: PLAYKILL LLC
2. (a) 8004 SW 149th Ave Apt. C-209
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
8004 SW 149th Ave Apt. C-209
Miami, FL 33193
- (b) 8004 SW 149th Ave Apt. C-209
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
8004 SW 149th Ave Apt. C-209
Miami, FL 33193
3. November 24th, 2021 4. L21000503211
Date of filing/registration in Florida Document number
5. (a) Hurma Aziz
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10461 SW 48th St Miami, FL 33165
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10461 SW 48th St
Miami, FL 33165
- (b) Isaac Elias Elesgaray
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
8004 SW 149th Ave Apt. C-209
NEW Registered Office Address:
8004 SW 149th Ave Apt. C-209
Miami, FL 33193

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.

Isaac Elias Elesgaray
Signature of a member or authorized representative of a member

Isaac Elias Elesgaray

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.

Isaac Elias Elesgaray
Signature of Registered Agent