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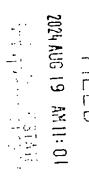
(1	Requestor's Name)	
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PICK-UP	☐ WAIT ☐ MAIL	
<b>}</b>	Business Entity Name)	
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Certified Copies	Certificates of Status	
Special Instructions t	o Filing Officer:	
	J. HORNE	
AUG Z 6 2024		

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·			
SUBJECT: SOUN	DOFF, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.			
Please return all correspondence cond	cerning this matter to the following:			
Actione H Name of Per	son Son			
SOWD OF Firm/Compa	ny CCC			
218 NW 24th Address	St Second + Third Floors			
Milimi EL 33 Eity/State and Z	ip Code			
Adrienne @ 500ndo E-mail address: (to be used for	FERIMS, COM future annual report notification)			
For further information concerning th	nis matter, please call:			
Adrienne Hall Name of Person	at (850) 560 8405 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.

i. Na	ame of the limited liability company:	VVD	OFF ILL	<u></u>
2. (a)	219 NW 24Ph St	(b)	lι	1>
. , .	Principal office address of limited liability company:		•	fimited liability company:
	Second of Third Floor		(NOIE: MAY BI	E POST OFFICE BOX
		· -		
	Miam; FL 33127			
3.	Date of filing/registration in Florida	4.	Document num	nber
	Robert Friedhoff, Four	Jac h	hite	
5. (a)	Registered Agent and Registered Office shown on the records of the	<del>-,</del>		
		·		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		12
				22
	. FL			FILE 2021 AUS 19
	1.			50 TO TO
(b)	Adrienne Hall		<del></del>	(A)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	ffice address	:	100 <del>=</del>
	218 NW 24th St Secon	d + T	hard Floors	
	NEW Registered Office Address:			
	A HAVER TO SO T		<del></del>	
	Miami, FL	3312	7	
If the li	imited liability company is not organized under the laws	of the Stat	e of Florida, it is hereb	by confirmed that after the
change agent w	or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liabi	gistered of	ffice and the business only. it is hereby confir	office of the registered med that the change(s)
was/we	ere authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lin	he limited	liability company or a	s otherwise provided in
Ä	Cles of organization of the operating agreement of the init	mica naon	Adrienne	1-Ja 11
Signat	ture of a member or authorized representative of a member		Printed or typed	
provision the oblition to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- igations of my position as registered agent as provided for the reflect a change in the registered office address. I her I in writing of this change	to act in to rformance or in Chap ehy confir	his capacity. I further of my duties, and I an uer 605, F.S. Or, if th m that the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been
	ny of Remistered Agent			

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: SOUND OFF LUC  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:				
Advience Hall Name of Person				
SOUND OFF, LLC Firm/Company				
218 NW 24th St Second + third Floors Address				
Milimi FL 33127  Eity/State and Zip Code				
Advicance 500 nd of films, com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Adrience Hall at (850) 560 8405  Name of Person at (850) Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Enclosed is a check for the following amount:

□ \$25 Filing Fee

## 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	ne of the limited liability company: SOVND OFF I LCC
	219 NW 248h St (b) (i)
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Second & Third Floors
	Miam: FL 33127
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Robert Friedhoff, Fowler White
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  FL  Advisor Fall  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Advienno Hall
(b)	Adrienne Hall
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	218 NW 29th St Second & There Floors
	NEW Registered Office Address:
	THE TOTAL STATE OF THE PARTY OF
	Miami , FL 33/27
If the li	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent w	or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) the authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	les of organization or the operating agreement of the limited liability company.
Signat	re of a member or authorized representative of a member  Printed or typed name of signce
I hereb provision the oblit to mere	v accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept sations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	of Registered Agent