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Division of Corporations

Florida Department of

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE RIMAS ENTERTAINMENT FLORIDA LLC

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To: 18506176383

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)	7901 4th St N STE 300	(b) 7901 4th St N STE 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	St. Petersburg FL	St	St. Petersburg FL	
	33702	33702		
	04/14/22	L22	000179674	
	Date of filing/registration in Florida	4.	Document number	
(n)	MONTIEL, OSCAR			
. (a)	Registered Agent and Registered Office shown on the records of			
	3350 SOUTHWEST 148TH AVENUE			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	SUITE 110			
	MIRAMAR	33027		
	MIRAMAR	L	782	
.1. \	Northwest Registered Agent LLC		APPROVED AND FILED FILED TAILOREDAND STREET	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	PP PP	
	7901 4th St N			
	NEW Registered Office Address		700 75	
	STE 300			
	St. Petersburg	L33702		
e cha ent v is/we e arti Z Signa heres	imited liability company is not organized under the large or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the members cles of organization or the operating agreement of the use of a member or authorized representative of a member by accept the appointment as registered agent and a constant of the proper and completing at ions of all statutes relative to the proper and completing to the proper and completing to the proper and completing the reflect a change in the registered office address.	of the registere liability compass of the limited liabile li	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. h Printed or typed name of signee this canacity. I further agree to comply with the	

Signature of Registered Agent

- Assistant Secretary

Taylor Newman