Florida Department of State Division of Corporations

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(((H22000268765 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: <u>Eteam@eminutes.com</u>

LLC REGISTERED AGENT CHANGE PB ENTERTAINMENT PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

T. LEMIEUX

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	ame of the limited liability company: PB Entertainr	ment Pa	artners, LL	.C
2. (a)				
#. (#)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10960 Wilshire Blvd., 5th Floor		10960 W	Vilshire Blvd., 5th Floor
	Los Angeles, California 90024	-	Los Ang	eles, California 90024
	06-16-2022		L22	2000275271
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ADAM KLUGER			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	: ::
	4000 HOLLYWOOD BLVD., SUITE 555-S			
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS	7	
	Hollywood , FL	3302	! 	2122
(b)	eResidentAgent, Inc.			2022 AUG -9 PM 2: 22 2022 AUG -9 PM 2: 22 13
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	ED P
	801 US Highway 1			# 2:
	NEW Registered Office Address:			22 RIDE
	North Palm Beach , FL	3340)8	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registability co of the lim limited l	stered office ompany, it is lited liability liability com	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did not reflect to this change	pertorm	ance of my a	luties, and Lam familiar with and accept
Signatu	re of Registered Agent			

Florida Department of States

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To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: Eteam@eminutes.com

LLC REGISTERED AGENT CHANGE SCOOP INVESTMENTS III, LLC

Certificate of Status	0
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Page Count	02
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AUG 10 2022

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	ume of the limited liability company: SCOOP INVE	STME	NTS III, LLC
2. (a)		(b	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10960 Wilshire Blvd., 5th Floor	_	10960 Wilshire Blvd., 5th Floor
	Los Angeles, California 90024		Los Angeles, California 90024
	03/03/2022		L22000089738
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KLUGER, ADAM		
(-,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>
	4000 HOLLYWOOD BLVD., SUITE 555-S		
	HOLLYWOOD FL	3302	1
(b)	eResidentAgent, Inc.		
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress: 22
			22
	801 US Highway 1		
	NEW Registered Office Address:		PILED PH
			P
	North Palm Beach FL	3340	2: 2 4
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
(Er	rika A. Easter, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act perform d for in (hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am Jamiliar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

8/9/22, 11:25 AM

Division of Corporations

Florida Department_of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 : (323)389-0502 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE ELITE ATHLETIC MONSTER FITNESS L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help

AUG 10 2022 T. LEMIEUX

TO: Registration Section Division of Corporations	
SUBJECT: ELITE ATHLETIC MONSTER FI	TNESS L.L.C.
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	er to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 10th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
amcqueen1@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Cheyenne Moseley	,800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	unt:
□ \$25 Filing Fee	2 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

LegalZoom com, Inc

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.

Na	me of the limited liability company: ELITE ATHL	EIICN	ONSTER	FIINESS L.L.G.		
(a)		(o)			
	Principal office address of lumited liability company: (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company, (Note: MAY BE POST OFFICE BOX)		
	990 E Bay St	990 E		Bay St		
	Bartow, Florida 33830		Bartow, Florida 33830			
	05/26/2022		L2200024	1 4177		
	Date of filing/registration in Florida	4.		Document number		
(B)						
(4)	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of State	:: ::		
	UNITED STATES CORPORATION AGENT	rs, inc				
	Registered Office Address OMUST BE FLORIDA STREET	ADDRES	<u></u>	•		
	5575 SOUTH SEMORAN BLVD. SUITE 36	;				
	ORLANDO	32822		•		
	, FI	L				
	Enter name of NEW Registered Agent and/or NEW Registered Almeta Middleton					
	NEW Registered Office Address:					
	990 E Bay St			•		
	Bartow , F	_33830	J			
cha ent v	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lange authorized by an affirmative vote of the members ales of organization or the operating agreement of the member of a member of	f the regionality of the limited Aa	stered office ompany, it is nited liability liability com ron D McC	e and the business office of the registers is hereby confurmed that the change(s) y company or as otherwise provided in spany. Queen Printed or typed name of signee		
obli mere tifika	by occept the appointment as registered ugent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provid- ify reflect a change in the registered office address. I the writing of this change		Chapter 605 onfirm that i a Middleto			

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: 525.00

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