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Division of Corporations



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To: 2023 Division of Corporations Fax Number : (850)617-6383 DEC ΪŤ; From: \geq Account Name : COMPUTERSHARE Account Number : 110432003053 m A H Phone : (561)694-8107 Fax Number : (561)214-8442 بې വ CD **Enter the email address for this business entity to be used for future 5D ≦\argonigen and address please.** ö Email Address: \sim 823 OEC LLC REGISTERED AGENT CHANGE **10K PRODUCTIONS LLC** Certificate of Status 0 Certified Copy 0 Page Count 02 \$25.00 Estimated Charge

M. SOLOMON

DEC-2-2-2023

Help

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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.

2. (a)	7357 Gum Tree Rd	(b)	7357 Gum Tree Rd		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Jacksonville, Florida 32244		Jacksonville, Florida 32244		
	12/12/2022 12:00:00 AM	!	.22000520287		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LEGALINC CORPORATE SERVICES INC.				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	476 Riverside Ave.			20	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		2023 [
				DEC	
(b)	Jacksonville, FI	32202		2	
	Corporate Creations Network Inc.			AH 9:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	<u>ress</u> :	56	
	801 US Highway I				
	NEW Registered Office Address:				
	North Palm Beach	33408			
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability cor of the limi	office and the business office of the ipany, it is hereby confirmed that the ed liability company or as otherwise	registered change(s)	
Kristen Espinales			n Espinales, Attorney-in-Fact		
Signa	ture of a member or authorized representative of a member		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.

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**