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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

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LLC REGISTERED AGENT CHANGE KREATIVE STUDIOS, LLC

Certificate of Status	0
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M. SOLOMON

DEC - 3 2024

11/29/2024 10:15 45 PST+ 4 To: 18506176383 Page: 2/2 Fax: 8134365206

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. N	ame of the limited liability company: KREATI	VE S	TUDIC	OS, LLC
2. (a)	7901 4th St N	ſ	_{o)} 7901 4	4th St N
2. (8)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<i></i> _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		STE 3	00
	St. Petersburg, FL 33702		St. Pete	ersburg, FL 33702
	12/16/22		L2200	00527580
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	, INC AUTHORITY RA			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	te:
	390 NORTH ORANGE AVE., STE 23	300-N		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	-
	ORLANDO FI	3280	1	2024 DEC
(b)	Registered Agents Inc			C CARACT
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ldress:	- V Lance
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	3370	2	_
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	f the reginability confidence of the limited RC	stered officompany, it in the liability coupling Jone	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signed bucity. I further garee to comply with the

David Roberts - Assistant Secretary

Signature of Registered Agent