

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





03/28/23--01014--015 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Grassmere Entertainment LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to th	c following:			
Kahali	ı Solano-Johnson, Esq.					
	Name of Person	<u>,</u>				
Grassn	nere Entertainment LLC					
	Firm/Company		······································			
407 Li	ncoln Rd Suite 6H PMB 1325					
	Address					
Miami	Beach/FL 33139		· ;			
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
Grassn	nere.Entertainment@gmail.com					
I	E-mail address: (to be used for future ann	ual report no	tification)			
For fu	ther information concerning this matter,	please call:				
Kahali	a Solano-Johnson, Esq.	917 at (446-0327			
	Name of Person		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.

!. (a)	407 Lincoln Rd Suite 6H PMB 1325 Miami Beach, FL 33139		(b) 407 Lincoln Rd Suite 6H PMB 1325 Miami Beach, FL		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	407 Lincoln Rd Suite 6H PMB 1325		407 Lincoln Rd Suite 6H PMB 1325		
	Miami Beach, FL 33139		Miami Beach, FL 33139		
	03/23/23		1.23000127250		
3,	Date of filing/registration in Florida	4.	Document number		
5. (a)					
- ()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Kahalia Solano-Johnson				
	Registered Office Address (MUST BE FLORIDA STREET AD 4620 NE 5th Avenue	<u>DRI</u>	ESS)		
(b)	Fort Lauderdale , FL 33	334	4		
	Kahalia Solano-Johnson, Esq.		<u> </u>		
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice	<u>e address</u> :		
	Grassmere Entertainment LLC /Kahalia Sola	ar(o-Johnson, Esq.		
	NEW Registered Office Address:		, , , , , , , , , , , , , , , , , , , ,		
	407 Lincoln Rd. Suite 6H PMB 1325				
	Miami Beach, FL	3139	9		
change igent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabilities.	gist lity the l	stered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in		
		K	Kahalia Solano-Johnson, Esq.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		

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.

Signature of Registered Agent

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