

L23 000 163011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

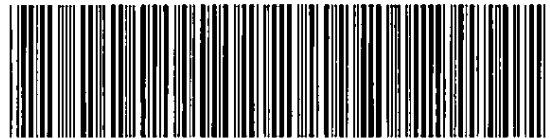
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAR - 5 2024

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MAR 5 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPOONBILL STUDIO LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH PHILLIPS

Name of Person

SPOONBILL STUDIO LLC

Firm/Company

9300 VEDRA POINTE LANE

Address

BOCA RATON, FLORIDA 33496

City/State and Zip Code

spoonbillstudio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Phillips

at (718) 812 - 5073

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.

1. Name of the limited liability company: SPOON BILL STUDIO LLC

2. (a) 9300 VEDRA POINTE LANE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

BOCA RATON, FLORIDA 33496

(b) 9300 VEDRA POINTE LANE

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

BOCA RATON, FLORIDA 33496

05/19/2023

certificate number: 60-8019148478-2
business partner number: 6971248

3. Date of filing/registration in Florida

4. Document number

5. (a) BizFilings Incorporated

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address

Sarah Phillips

NEW Registered Office Address:

9300 Vedra Pointe Lane

Boca Raton

FL 33496

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Juan E Phillips
Signature of a member or authorized representative of a member

Juan E Phillips
Printed or typed name of signer

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.

J E Phillips
Signature of Registered Agent

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