L23000 284 277

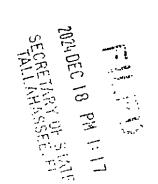
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone #	<u>)</u>			
PICK-UP	WAIT	MAIL			
(Bu:	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ	NOCERA PRODUCTIONS LLC	
		of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning this ma	natter to the following:
Banes	sa Alvarez	
	Name of Person	
Swyft	Filings	
	Firm/Company	
3 Gree	enway Plaza #1320	بم
	Address	
Houst	on. TX 77046	
	City/State and Zip Code	report notification)
filings	@swyftfilings.com	The state of the s
	E-mail address: (to be used for future annual	report notification)
For fi	orther information concerning this matter, plea	ease call:
Banes	sa Alvarez	877 777-0450 at ()
	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 am	iount:
	■ \$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. Na	ame of the limited liability company: NOCERA PROD	UCTIO	ONS LLC		
2. (a)	1841 EAGLE TRACE BLVD W		(b) 1841 EAGLE TRACE BLVD W		
z. (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)	
	CORAL SPRINGS, FL 33071		CORAL SI	PRINGS, FL 33071	
	06/12/2023		L230002842	.77	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LEGALCORP SOLUTIONS, LLC				
). (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	- ::	
	3440 W HOLLYWOOD BLVD. SUITE 415			SET 1024	
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)	2024 DEC 18 PH 1: 1 SECRETVERY DEST	
	HOLLYWOOD FI	3302	1	- 25 C	
(b)	Mark Nocera				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>1 Office</u>	address:	,*:	
	7501 Brigantine Lane			_	
	NEW Registered Office Address:				
	Parkland , FI	3306	7	_	
change agent v was/w the art	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Mark Nocara	regis ability of the limite	tered office and company, it is limited liability	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany.	
	ature of a member or authorized representative of a member	-		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agions 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 d in writing of this change.	ree to perfo d for i hereb	act in this cape rmance of my c in Chapter 605 w confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
	Mark Nocera				
Signati	are of Registered Agent				

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