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COVER LETTER

•	COVER L	ETTER
TO: Registration Section Division of Corporations		
SUBJECT: EVOLVING REAL FILMS LLC		
	of Limited Li	ability 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 n	natter to the	following:
Akilah Ali		
Name of Person		_
EVOLVING REAL FILMS LLC		
Firm/Company		
820 SW Federal Highway, Suite 104		
Address		
Stuart, Florida 34994		
City/State and Zip Code		_
evolvingrealfilms@proton.me		
E-mail address: (to be used for future annual	report notifi	cation)
For further information concerning this matter, ple	ease call:	
c/o Akilah Ali	239	231-1977
Name of Person	at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 Iahassee, Florida 32314
Enclosed is a check for the following an	nount:	
\$25 Filing Fcc	 \$ 5	5 Filing Fee & Certified Copy

INHS18 (2/14)

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.

	me of the limited liability company: c/o Akilah Ali		EVOLVIN	IG REAL FILMS LLC	
. (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	820 SW Federal Highway, Suite 104		820 SW Federal Highway, Suite 104 Stuart, Florida 34994		
	Stuart, Florida 34994				
	August 15, 2023		1.2300038	0973	
. (a)	Date of filing/registration in Florida LegalZoom Register Agent	4.	1	Document number	
. (4)	Registered Agent and Registered Office shown on the records o United States, Corporate Agent, Inc.	f the Flor	da Dept. of State:		
	Registered Office Address <u>MUST BE FLORIDA STREET</u> 476 Riverside Avenue	'ADDR <u>E</u>	<u>SS)</u>	SECT	
	Jacksonville F	ւ ³²²⁰	2	PACE PACE	
(b)	egistered Agents Inc				
	Finter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office	address:	CORDE	
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	202 TA	
	STE 300			2023 SEP SECRE TALLAH	
	St. Petersburg	3370 L	2	6 T	
ie cha gent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the re liability of the I e limite	gistered office company, it is imited liability d liability com	and the business office of the register, hereby confirmed that the change(s) company or as otherwise provided in pany.	
	tory of a member or authorized representative of a member	_	Atilal IL	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 limitiar 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 natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent