9/19/202÷12 59/14 PDT To 13506176383 Page: 1/2 Fax: 813436520

Elorida Department of State. Division of Copporations Electronic Rains Cover sheet

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

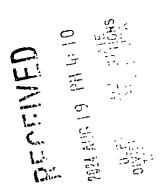
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K. SALY AUG 2 0 2024



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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.

L. No	ane of the limited liabili	ty company.	ZART STUDIOS	LLC			
2. (a)				(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		y company;		Mailing address of limited habi	Mailing address of hunted liability company: (Note: MAY BE POST OFFICE BOX)	
2	11/07/23	and atmost car for 121	ui la	4.	Document number	 -	
3.	_	egistration in Flo	на	ᅻ.	Document number		
(b)	REPUBLIC REGISTERED				<u></u>		
	Registered Agent and Regist		a the records of th	e Florida Dept.	of State:		
	1150 NW 72ND AVE TOV						
	Registered Office Address	CMUST BE FLOR	IDA STREET AL	<u>ODRESS)</u>			
	STE 455				<u> </u>	283	
	MIAMI		. FL ³	3126		三九	
	Registered Agents Inc					FILE FILE	
	Enter name of NEW Registe	red Agent and or N	EW Registered C	Office address:		The state of the s	
	7901 4th St N				TALLAHASSTE, FLORID	景だる	
	NEW Registered Office Add	iress:				<i>i</i> 0	
	STE 300				· 		
	St. Petersburg		, FL_	3702			
the cha agent v was/we the arti	inge or changes are made vill be identical. Or, in t are authorized by an affir ales of organization or the	r, the Florida stre the case of a Flori mative vote of the to operating agre	et address of the light ida limited light at members of the light at t	he registered pility compar the limited I mited liabili	• •	of the registered he change(s)	
	ture of a member of authorized	. . : 	;	Robin Jone		-	
					Printed or typed name of sign		
provisi die obl to mere notifice	ons of all statutes relativities relativitions of my position a dy reflect a change in the Fin writing of this chang	re to the proper a is registered agen e registered offic te.	ind complete p nt as provided ce address, I he	erformance (for in Chapt reby confirm	is capacity. I further agree to c of my duties, and I am familiar or 605, F.S. Or, if this docume n that the limited liability comp	comply with the with and accep nt is being filed any has been	
	d Kadeeris C	David Roberts	- Assistant Sec	retary			