## L2400136883

1	. "
(Requestor's Name)	
(Address)	<del>-</del>
(Address)	
(City/State/Zip/Phone #)	<del>-</del> ·
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
,,	
Certified Copies Certificates of	Status
commontes of	
	<del>_</del>
Special Instructions to Filing Officer:	

Office Use Only



400439319694

LLC RAG

11/13/24--01019--017 \*\*25.00



A. RAMSEY

DEC. 11.2024

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJE	STARFIGHT PR	ODUCTION	S, LLC		
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	closed Registered Agent/Registered O	ffice Change and fo	ee(s) are submitted for filing.		
Please r	return all correspondence concerning	this matter to the fo	ollowing:		
Michael	Serrano				
	Name of Person		_		
ZenBusi	ness Inc.				
	Firm/Company		<del>-</del>		
336 E. C	College Ave. Suite 301				
	Address		_		
Tallahas	see, FL 32301				
	City/State and Zip Code		_		
ra@zen	business.com				
E-	mail address: (to be used for future an	nual report notific	ation)		
For furt	her information concerning this matte	r, please call:			
Michael	Serrano	844 at (	493-6249		
	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	g 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.

I. Na	ame of the limited liability company:STARF	FIGHT	PROI	DUCTIONS, LLC
2. (a)	2518 W AILEEN ST	(b) 2518 W AILEEN ST		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) TAMPA, FL 33607	_ (9)	ТАМРА,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FL 33607
2	03/20/2024  Date of filing/registration in Florida		.24000136	
3.	FERNANDEZ, MARCELINO, III	4.		Document number
5. (a)		PESS)		<del>_</del>
		.200,		_
	2518 W AILEEN STREET  Registered Office Address (ST BE FLORIDA STREET ADDRESS)			三 三 三 三
		-,		
	TAMPA FL_	33607	,	
	ZenBusiness Inc			<b>PA 12</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			MAN 13 PHIZ 45
	336 E. College Ave. Suite 301			**
	NEW Registered Office Address:	-		_
	Tallahassee , FL	3230	1	_
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered bility con f the limit	i office ar npany, it i ted liabili	d the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in
	Marcelino Fernandez			Marcelino Fernandez
•	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. The Fin	ve to act i performan for in Cl ereby con	in this cap nce of my hapter 60, yfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or. if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			