

L24 000 161520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

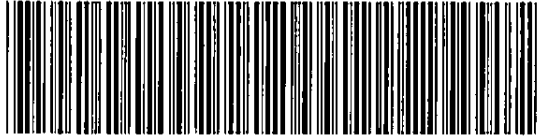
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 27 2024

Office Use Only



100427743141

04/15/24--01010--025 *+25.00

FILED
2024 APR 16 PM 1:05
STATE OF TEXAS
COMMISSIONER OF COMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LuxeVibes Entertainment

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:

Jasmine Weaver

Name of Person

Firm/Company

382 NE 191st ST PMB 112183

Address

Miam, FL, 33179

City/State and Zip Code

jazz_weaver72@yahoo.com

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

For further information concerning this matter, please call:

Jasmine Weaver 754 801-1346

Name of Person at (_____) 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: LuxeVibes Entertainment

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>2789 S OAKLAND FOREST DR APT 301</u> <u>OAKLAND PARK, FL 33309</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>382 NE 191st ST PMB 112183</u> <u>MIAMI, FL 33179</u>
--	---

3. <u>4/11/2024</u> Date of filing/registration in Florida	4. <u>L24000161520</u> Document number
---	---

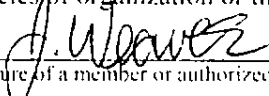
5. (a) United States Corporation Agents, Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 Riverside Ave.
Jacksonville, FL 32202


(b) Jasmine Weaver
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
382 NE 191st St #112183
Miami, FL 33179

FILED
 2024 APR 16 PM 1:07
 FLORIDA DEPT. OF STATE

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.

 Signature of a member or authorized representative of a member	Jasmine Weaver 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 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.


 Signature of Registered Agent