(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.				
. HORNE				
J. HORNE				
JAN 1 6 2025				

Office Use Only



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2025 JAN 15 PH 12628 BAN 15 AM 9:58 FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/15/2025		₩WALK IN
ENTITY NAME LIMIT	TED RISKS PRODUCTIONS LLC	
DOCUMENT NUMBER	R	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN NUMBER OF CERTIFI	VATION	
TOTAL OWED \$25.0	OO ACCOUNT #: 12016000000)72
Please call Tina as	t the above number for any issues or concerns. Thank you	so much!

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.

. (a)		(b	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1031 SEASPRAY AVENUE		PO BOX 3007
	DELRAY BEACH, FL 33483		NORFOLK, VA 23514
	11/15/2024		1.24000483687
•	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent and Registered Office shown on the record	63 PH 11	
	Registered Agent and Registered Office shown on the record CT CORPORATION SYSTEM	s of the Florida	a Dept. of State:
		7025 JAN 15 PH 12: 09 Idress:	
	Registered Office Address (MUST BE FLORIDA STRE	<u> </u>	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	, FL ³³³²⁴	P []
			
(b)	Enter name of NEW Registered Agent and/or NEW Register		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Idress:	
	Registered Agents Inc		
	NEW Registered Office Address:	-	
	7901 4th St N STE 300		
	St. Petersburg	, FL	
iange gent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	the registered liability ec ers of the lin	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	cholas D. Cortezi II		holas D. Cortezi II
	ture of a member or authorized representative of a member		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.

/s/ David Roberts Assistant Secretary of Registered Agents Inc

Signature of Registered Agent