12/19/24, 3:52 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000417608 3)))



H2400041760834BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUR ROADS PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu —

Help

COVER LETTER

Registration Section
Division of Corporation:

SURJECT: 1 0 01 (1 (0) 12 0 1 1 (0) 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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:

Mike Town			
Name of Person	•		-
Legalzoom.com. Inc.			
Firm/Company			-
9900 Spectrum Dr			
Address			-
Austin, TX 78717			
City/State and Zip Code			
anthjj@icloud.com			
E-mail address; (to be used for future ann	ual report n	otifica	ution)
For further information concerning this matter,	please call:		
Mike Town	800 at (773-0888 ext 9724
Name of Person			Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
Enclosed is a check for the following			
S25 Filing Fee		I \$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. N	ame of the limited liability company: FOUR	ROAD	SPRC	DUCT	ION	IS LL	.C
	, , .	- 	·)				
2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address (Note: MAY)	of limite	d hability	company:
	382 NE 191ST ST #172241		382 NE	191ST ST			2.17.17.1
	MIAMI, FL 33179		MIAMI, F	L 33179			
							
	12/17/2024 Date of filing/registration in Florida		L2400052	·			
3.	Date of filing/registration in Florida	4.		Document ni	umber		
5. (a)	Registered Agent and Registered Office shown on the records						
	Registered Agent and Registered Office shown on the records PAGANO, RICHARD A	of the Florida	i Dept, of State				
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS					
	382 NE 191ST ST # 172241					26	
	MIAMI	33179	·			61.071479	
		1.1			:	; <u>-</u>	
(b)						<u>~</u>	
,	Litter name of NEW Registered Agent and/or NEW Register	red Office ad	dress.		· .	7	
	UNITED STATES CORPORATION AGEN	NTS, INC.				10:2	
	NEW Registered Office Address:				•	۵ı	
	476 Riverside Ave.						
	Jacksonville	_{FL} 32202					
		_					
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the ease of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the formula of the members.	of the regis Hiability ed rs of the lim the limited b	stered office ompany, it is nited hability	and the busi hereby conf company or pany.	ness of irmed t	ffice of that the c	he registered hange(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				
provis the ob- to mer notitie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address d in writing of this change. First Treatment ASSISTANT SECRETANT CORPORATION AGENTS, INC.	ete perform ided for in C . I hereby a	ance of my c Thapter 605, onfirm that t	luties, ànd L	am fam	ullar witi	h und accen
Signati	ire of Registered Agent						