M16000007883

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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
	ocument Number)						
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Certified Copies	_ Certificates	Certificates of Status					
Special Instructions to	Filing Officer:						
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Entertainer Enterprises LLC 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:						
Linda Schnabl Name of Person						
Fortertainer Enterprises LLC Firm/Company						
2614 Tamiami Trail N # 202 Address						
Naples FL 34103 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (239) 241-0522 Area Code & Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)						



December 14, 2023

LINDA SCHNABL 2614 TAMIAMI TRAIL N #202 NAPLES, FL 34103

SUBJECT: ENTERTAINER ENTERPRISES, LLC

Ref. Number: M16000007883

We have received your document for ENTERTAINER ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 823A00028539

Neysa Culligan Regulatory Specialist III

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. Na	me of the limited liability company: <u>En +en+</u>	aine	, Er	ten	pris	es L	L C
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		261	4 To	ess of limite	ol Troed liability con	npany:
	*a02		#20				
	Naples FL 34103				FL	3416) 3
	10/3/16	i	M160		078	F83_	
3	Date of filing/registration in Florida	4.	_	Documen	t number		
5. (a)	CT Corporation			•			
	Registered Agent and Registered Office shown on the records of the	: Florida L	Dept. of State	:: 1			
	1200 South Pine Islam Registered Office Address (MUST BE FLORIDA STREET AL		K Oas	-			
	Registered Office Address						
	Plantation FL	33	324		بر	2024	
,,	Linda Schnabl				, ,	2024 JAN -4	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:	-	5	本 S	
	2614 Tamiami Trail N			_	([AM 8: 44	, [7]
	NEW Registered Office Address:					[92] 6: L	
	±202			-		IDA	
	Noples ,FL	34	103	-			
change agent was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization of the operating agreement of the li	egistered fility con the limi	l office and npany, it is ted liability	d the busi s hereby c y compan	ness offic onfirmed	that the cha	isterea inge(s)
/ / 	John li Sokol		Richa	and	<u>A. Sc</u>	KOL	
-	iture of a member or authorized representative of a member				• •	-	v with the
provis the ob to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided vly reflect a change in the registered office address, I he d fi) writing of this change.	e to act t erforma for in Ci reby coi	n inis cupe nce of my e hapter 605 nfirm that	duties, and F.S. Or the limited	d I am Jan , if this do d liability	niliar with incument is become to company h	and accept peing filed as been
SUM	The of Registered Agent						