M16000009538

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	-
Special Instructions to	Filing Officer:
	İ

Office Use Only



300421829463

2024 JAN 16 PH 12: 48

2024 JAN 16 AM II: 45

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20

	ACCOUNT NO.	:	12000000195					
	REFERENCE	:	(He was					
	AUTHORIZATION	:	- Lac					
	COST LIMIT	:	\$ 25.00					
ORDER DATE :								
ORDER TIME :	9:55 AM							
ORDER NO. :	-008							
CUSTOMER NO:								
CHANGE OF AGENT								
ORDER NO. :	-008	 GEN	<u>T</u>					

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

NAME: PHANTOM FIREWORKS SHOWROOMS,

LLC

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	ame of the limited liability company: PHANTOM FIF	REWORKS	SHOWROOMS, LLC				
2 (a)		(b)					
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
	2445 Belmont Avenue		2445 Belmont Avenue				
	Youngstown, OH 44505-2405		Youngstown, OH 44505-2405				
	11/29/2016	ł	M16000009538				
3.	Date of filing/registration in Florida	4.	Document number	r			
5. (a)							
	Registered Agent and Registered Office shown on the records of	f the Florida	epti of State:				
SCHWARTZ, IRA D							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	2822 FOREST HILL BLVD						
	WEST PALM BEACH . F	33406-5	56	. 22			
				包 字 ""			
(b)				E = -			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	<u>ew</u> :	16 T			
	Corporation Service Company			TALLANASSEE FLORIDA			
	NEW Registered Office Address:			7:1			
	1201 Hays Street			RIDA			
	Tallahassee, FI	. 32301 L					
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered lability cor of the limi	office and the business offi- pany, it is hereby confirmed ad liability company or as o	ce of the registered I that the change(s)			
	78/ Bruce J. Zoldan	ice J. Zoldan,	resident on behalf of Phantom Firew	orks Company, LLC, Member			
Signa	ture of a member or authorized representative of a member		Printed or typed nam	e of signee			
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	performa d for in Ci hereby con	this capacity. I further aggree of my duties, and I am fa upter 605. F.S. Or, if this d irm that the limited liability E E KIRBY, ASST. VICE I	miliar with and accept ocument is being filed company has been			
	Drace C. Kuby	OKAC	LININGE, MOST. VICE!	NESTEEN			
Signatu	re of Registered Agent						