

6/5/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

MIS82000349

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.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : PARANET CORPORATION SERVICES, INC.
 Account Number : I20090000069
 Phone : (800)277-9977
 Fax Number : (800)815-0477

2020 JUN -5 AM 8:48

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
 elizabeth.ross@millermartin.com

Email Address: _____

RECEIVED

2020 JUN -5 PM 12:36

**LLC REGISTERED AGENT CHANGE
 SUPERPLAY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superplay, 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:

Elizabeth Ross, Paralegal

Name of Person

Miller & Martin PLLC

Firm/Company

832 Georgia Avenue, Suite 1200

Address

Chattanooga, TN 37402

City/State and Zip Code

elizabeth.ross@millermartin.com

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

For further information concerning this matter, please call:

Elizabeth Ross

at (423)

785-8407

Name of Person

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

INHS18 (2/14)

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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: Superplay, LLC

2. (a) Principal office address of limited liability company: 636 East Atlantic Avenue, Suite 203 Delray Beach, FL 33483 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 01/11/2018 4. Document number: M18000000349

5. (a) Corporation Service Company Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

(b) NRAI Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

2020 JUN -5 AM 8:48

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: Jeffrey Larsen 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: Natalie Leiba-Paul, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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