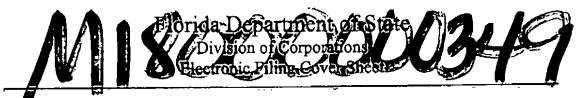
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Division of Corporations



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.

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H200001695303ABC-

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

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

\*\*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:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE SUPERPLAY, LLC

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

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<del>.JUN -0-8 2020</del>

Electronic Filing Menu

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Help

P.002/003

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## **COVER LETTER**

	vision of Corporations		
SUBJECT	Superplay, LLC		
		e of Limited L	iability Company
Dear Sir o	r Madam:		
The enclos	ed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please retu	ern all correspondence concerning this	s matter to the	following:
Elizabeth R	coss, Paralogal		
	Name of Person		_
Miller & M	lartin PLLC		
	Firm/Company	· · · · · ·	<del>_</del>
832 Georgi	a Avenue, Suite 1200		<del></del>
	Address		
Chattanoog	a, TN 37402		
	City/State and Zip Code		
elizabeth.re	oss@millermartin.com		
E-ma	nil address: (to be used for future anni	ual report notif	ication)
For further	r information concerning this matter,	please call:	
Elizabeth R	Coss	423 at (	785-8407
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.	railing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Et	nclosed is a check for the following	amount:	
	\$25 Filing Fee		55 Filing Fee & Certified Copy
INHS18 (2/	/14)		

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·· (((H20000169530 3)))

## 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.

Na	ame of the limited liability company: Superplay, LLC				<del></del>		_
			(b)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-) <u>L</u>	Mailing address of lin	nited liabilit OST OFFIC	y contput CE BOX	у <b>:</b>
	636 East Atlantic Avenue, Suite 203						····
	Defray Beach, FL 33483	_					<del></del>
	01/11/2018		M180000	00349			
	Date of filing/registration in Florida	4.		Document numb	er .		
(a)	Corporation Service Company						
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET)	· · · · · · · · · · · · · · · · · · ·	<del></del>	inic:			
	Plantation, FL	33324		<del></del>	<u>.</u> .	2020 JUH	
(b)	NRAI Services, inc.					S	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	iddress:	<u>.                                      </u>	·	Aii	
					• •	£:	٢.,
	NEW Registered Office Address:				•	æ	
	1200 South Pine Island Road						
	Plantation, FL	<u>. 333</u>	24	<del></del>			
ange ont v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe bility ( of the li	red office i company, it mited liabi	and the dusiness on t is hereby confirme lity company or as o ompany.	d that the	change	(g)
Sienn	turo of a premocrar authorized representative of a member	_	Jointoy D	Printed or typed nor	ne of signos		
O'KHI		ee to a	et in this co	macini (forther ac	ree in cor	anlu wii	h the
herei ovist e obt	thy actery the appointment as registered agent and agreement of the proper and complete inclines of my position as registered agent as provide the proper and complete inclines of my position as registered agent as provide the registered office address, I do not in ariting of this change.	d for in hereby	Chapter of Confirm the	by duttes, and I am for 05, F.S. Or, if this of all the limited liability ant Secretary	document y compan	is being y has bi	i jilec sen

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