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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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 FORT LAUDERDALE STUDIO INITIATIVE LLC

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JUN - 7 2022

K. Brumbley

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	I (1-4 must be completed)		
1. Name of limited liability Company as it appears	on the records of the Florida Departin	nent of	
State: Fort Lauderdale Studio Initiative LLC			
Enter new principal office address, if applicable:	2613 Tortugas Lane, Fort Laude	rdale, FL 33312	
(Principal office address			
MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable: (Mailing address			
MAY BE A POST OFFICE BOX)			
		<u>::</u>	
2. The Florida document number of this limited li	ability company is: M22000006691	2022 JUN - 7	
		-7	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 04/	28/2022	 	
SECTION II (5-9 complete only the applicable		<u> </u>	
5. New name of the limited liability company: (mu	if inited Liability Compan	v. " "L.L.C.," or "LLC."))
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.I.	C." or "LLC.")		ı me
6. If amending the registered agent and/or registered agent and/or the new registered office	(dd. 656 - 1,41-1		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida St	reet Address	
	_	, Florida	
-	City	Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the propand accept the obligations of my position as regional document is being filed to merely reflect a char liability company has been notified in writing of	ger and complete performance of my a gistered agent as provided for in Chap age in the registered office address. It	star 6015 F.N. OF D. MIS	
	of Changing Registered Agent, Signatu	ire of New Registered Age	<u>ent</u>

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	<u>Address</u> <u>T</u>	ype of Acti	
MBR	FORT LAUDERDALE STUDIO DEVELOPMENT LLC	200 SW 1ST AVE., STE. 800	□Ad	
		FORT LAUDERDALE, FL 33301	≣Rei	
MBR	Michael Ullian	2613 Tortugas Lane	= A	
		Fort Lauderdale, FL 33312		
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		ganized.	the	
	· · · · · · · · · · · · · · · · · · ·	of the authorized representative		

Filing Fee: \$25.00