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## **COVER LETTER**

TO: Registration Section Division of Corporations

The McFive Circus LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ethan Wall

Name of Person

The Social Media Law Firm

Firm/Company

1815 Purdy Ave

Address

Miami Beach, FL 33139

City/State and Zip Code

blayne75@aol.com

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

For further information concerning this matter, please call:

Gineen Leslie	305 400-9443 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

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INHS18 (2/14)

## 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.

(a)			(b)				
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			:	
	1815 Purdy Ave		P.O. Box 9	9369			
	Miami Beach, FL 33139		Coral Spri	ings, FL 33075			
	12/06/2022		M22000018	3684			
	Date of filing/registration in Florida	4.		Document number	r		
(a)							
(a)	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of Stat	te:			
	Kellie McLarney						
	Kellie McLarney      Registered Office Address    (MUST BE FLORIDA STREE)	T <u>ADDRI</u>	<u>ESS)</u>	_			
		T ADDRI	<u>ESS)</u>	_			
	Registered Office Address (MUST BE FLORIDA STREE 8600 Lakeside Bend			_	in .	2	
	Registered Office Address (MUST BE FLORIDA STREE 8600 Lakeside Bend			 		2023	
(b)	Registered Office Address (MUST BE FLQRIDA STREE 8600 Lakeside Bend Parkland ,	تل_ <sup>33076</sup>	5		St Kark	2023 APF	
(b)	Registered Office Address (MUST BE FLORIDA STREE 8600 Lakeside Bend	تل_ <sup>33076</sup>	5	 	Store - ALD	2023 APR - 3	
(b)	Registered Office Address (MUST BE FLQRIDA STREE 8600 Lakeside Bend Parkland ,	تل_ <sup>33076</sup>	5		Strain to an	ں دی	
(b)	Registered Office Address  (MUST BE FLORIDA STREE    8600 Lakeside Bend    Parkland  ,    Enter name of NEW Registered Agent and/or NEW Register	تل_ <sup>33076</sup>	5	  		-3 AH 8:	
(b)	Registered Office Address  (MUST BE FLORIDA STREE    8600 Lakeside Bend	تل_ <sup>33076</sup>	5		String June FL	- 3 AH	:

the finited hability company is not organized under the laws of the state of Fiorita, it is hereby confirmed that are 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.

<u> Than Wall</u>

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Ethan Wall

Printed or typed name of signee

Signature of a member or authorized representative of a member

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.

than Wall Signature of Registered Agent

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