

N1160000008666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

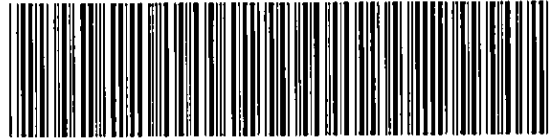
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100399481291

RA & RO change

RECEIVED

2023 FEB - 8 PM 12: 07

TALLAHASSEE, FLORIDA

FILED

2023 FEB - 9 AM 8: 39

A. RAMSEY
FEB 10 2023

*02250, D6342, 00671



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/09/2023

Name: Ken Howell

Reference #: 1906664

Entity Name: LAS OLAS CAPITAL ARTS, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2023

COGENCYGLOBAL

TALLAHASSEE, FL 32301

SUBJECT: LAS OLAS CAPITAL ARTS, INC.
Ref. Number: N16000008666

We have received your document for LAS OLAS CAPITAL ARTS, INC. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 223A00003155

RECEIVED
2023 FEB -9 PM 4:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAS OLAS CAPITAL ARTS, INC.
2. The principal office address: 888 E. LAS OLAS BLVD., STE. 200
FORT LAUDERDALE FL 32301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/1/2016 Document number: N16000008666
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNITED STATES CORPORATION AGENTS, INC.

5575 S. SEMORAN BLVD SUITE 36

ORLANDO FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

Tallahassee Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Jodi Jeffreys-Tanner

Signature of an officer or director

Jodi Jeffreys-Tanner

CEO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/s/ Ken Howell

Signature of Registered Agent

2/9/2023

Date

If signing on behalf of an entity:

KEN HOWELL

Typed or Printed Name

***** FILING FEE: \$35.00 *****