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.

(((H25000058273 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

: (561)694-8107 : (561)214-8442 Fax Number

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## REGISTERED AGENT CHANGE FINE GROUP ENT INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

1 A. RAM. 1354 FFR 18 2005

Electronic Filing Menu Corporate Filing Menu

Help

INHS18 (2/14)

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	ECT: FINE GROUP ENT INC					
	Name of Limited Liability Company					
Dear S	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:						
r- ·•						
En!	ka A. Easter	<del></del> -				
	Name of Person					
Unge	erlaw PC/ eMinutes					
	Firm/Company					
11726	San Vicente Blvd., Suite 480					
	Address					
Los /	Angeles, CA 90049					
	City/State and Zip Code					
Etea	m@eminutes.com					
E	-mail address: (to be used for future and	nual report notification)				
For fu	ther information concerning this matter	, please call:				
Erika	A. Easter	at (_310)820-1000				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

## 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. N	ame of the limited liability company: FINE GROUP	ENT INC	
2. (a)	4770 BISCAYNE BLVD 4TH FLOOR, Miami,	F (b) 47	70 BISCAYNE BLVD 4TH FLOOR, Miai
1,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \\\^-\\-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/11/2022		P22000034340
3.	Date of filing/registration in Florida	4.	Document number
5. (a	′ <del></del>		
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept	. of State:
	7901 4th St N STE 300		2021
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	2025 FEB
	St. Petersburg , FL	33702	
	aPasidant∆aant Inc		A THE SECOND SEC
(b)	eResidentAgent, Inc.  Enter name of NEW Registered Agent and/or NEW Registered (	Miles address:	1: 23
	Enter tame of NEW REGISTERS Agent and of NEW REgisters of	Office Magress.	
	115 N Calhoun St Suite 4		
	NEW Registered Office Address:	•	and the same of th
			<del></del>
	Tallahassee	32301	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaberer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered bility compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		Erika /	A. Easter, Authorized Person
-	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to met	eby accept the appointment as registered agent and agro- sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I hed in writing of this change.	ee to act in the performance for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
	Bu a. lim_		
Signat	ure of Registered Agent		