P94000019560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

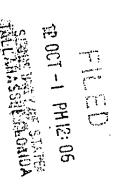
Office Use Only



500239140675

10/01/12--01024--003 **10.00

09/06/12--01030--011 **25.00



RALhange

OCT - 1 2017

T. LEWIS

COVER LETTER

Registration Section **Division of Corporations** Southern Audio Visual, Inc. **SUBJECT:** Name of Limited Liability Company 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: S. Daniel Ponce, Esq. Name of Person Legon Ponce & Fodiman, P.A. Firm/Company 1111 Brickell Avenue, Suite 2150 Address Miami, Florida 33131 City/State and Zip Code paullowey@aol.com · E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: S. Daniel Ponce 444-9991 305 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

\$55 Filling Fee & Certified Copy

\$26 Filing Fee



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2012

S. DANIEL PONCE, ESQ. LEGON PONCE & FODIMAN, P.A. 1111 BRICKELL AVENUE, SUITE 2150 MIAMI, FL 33131

SUBJECT: SOUTHERN AUDIO VISUAL, INC.

Ref. Number: P94000019560

We have received your document for SOUTHERN AUDIO VISUAL, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 112A00022930

RECEIVED 12 OCT - 1 AM 10: 23 DIVISION OF STREET OR 10 A

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: SOUTHERN AUDIO VISUAL, INC.	
2. The principal office address: 11700 NW 102 ROAD #15, MIAMI, FLORIDA 33178	_
3. The mailing address (if different): SAME AS ABOVE .	_
4. Date of incorporation/qualification: 03/09/1995 Document number: P94000019560	_
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)	
CFRA, LLC	
100 S. ASHLEY DRIVE, SUITE 400	
100 S. ASHLEY DRIVE, SUITE 400 TAMPA, FLORIDA 33602	.,
6. The name and street address of the new registered agent (if changed) and /or registered office	
(If changed): S. DANIEL PONCE, ESQ LEGON PONCE & FODIMAN, P.A. 1111 BRICKELL AVENUE, SUITE 2150	
P.O. Bax NOT acceptable MIAMI, FLORIDA 33131	
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 comporation has been notified in writing of the change.	
PAUL LOWENTHAL	
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 weiting of this change. Signature of Registered Agent	
If signing on behalf of an entity:	
8. DANIEL PONCE, ESQ., LEGON PONCE & FODIMAN, P.A	
Typod or Printed Namo	

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)