

P97000050189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

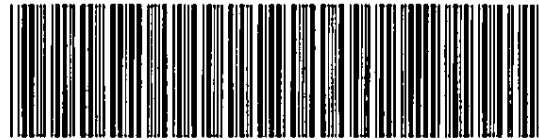
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FILING ASSISTANT

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amend Registered Agent for Rob Harris Productions, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000050189

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob Bovarnick

Name of Contact Person

Rob Harris Productions, Inc.

Firm/Company

1207 S Gunby Avenue

Address

Tampa, FL 33606

City/State and Zip Code

Rob@Rob-Harris.com

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

For further information concerning this matter, please call:

Naomi Brooks, Office Manager

at (813) 787-0259

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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**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: Rob/Harris Productions, Inc.
2. The principal office address: 1207 S Gunby Avenue, Tampa, FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 197000050189
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)

Resigned

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

Rob Bovarnick

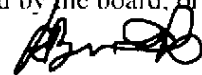
1207 S Gunby Ave

P.O. Box NOT acceptable

Tampa, FL 33606

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.

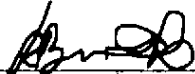


Signature of an officer or director

Rob Bovarnick

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.



Signature of Registered Agent

12-19-22

Date

If signing on behalf of an entity:

Rob Bovarnick

Typed or Printed Name

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