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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:___

LLC REGISTERED AGENT CHANGE MAD MAKER CREATIONS LLC

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Help

From: Candace Pringle

COVER LETTER

TO:	Registration Section		
	Division of Cornerations		

Division of Corporations

SUBJECT: MAD MAKER CRE	EATIONS LLC				
	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 n	natter to the following:				
Erik Treutlein					
Name of Person					
Legalzoom.com, Inc.					
Firm/Company					
9900 Spectrum Dr					
Address					
Austin, TX 78717					
City/State and Zip Code					
dylanbeveridge@yahoo.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ease call:				
Erik Treutlein	800 773-0888 ext 9724				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
S25 Filling Fee	☐ \$55 Filing Fee & Certified Copy				
INIIS18 (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.

1. Na	name of the limited liability company:	KEF	RCREA	ATIONS L	LC
2. (a)	, , ,	· _ .,,	h)		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· '	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6351 SW 35TH CT		6351 SV	V 35TH CT	
	MIRAMAR, FL 33023	_	MIRAMA	AR, FL 33023	
	01/02/2025		L250000	04508	
3.	Date of filing/registration in Florida	4.		Document number	F
5. (a)	Registered Agent and Registered Office shown on the records of BEVERIDGE, DYLAN	the Florie	fa Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET) 6351 SW 35TH CT	ADDRES	<u>:S)</u>	_	
	MIRAMAR FI	33023	3	-	2025
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			-	- 60 H
	UNITED STATES CORPORATION AGENT	rs, INC) .		3 0
	NEW Registered Office Address:			-	. ; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	476 Riverside Ave.			ر با الله الله الله الله الله الله الله ا	. со
	Jacksonville FI	32202	2	_	
the cha agent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability of the line in the line	istered office company, it is mited liability	e and the business is hereby confirmed by company or as o apany.	office of the registered d that the change(s)
Signal	ture of a member or authorized representative of a member		nt Troducii	Printed or typed nam	ne of signee
provisi the obl to mere notifica	by accept the appointment as registered agent and agent on ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I din writing of this change. Erik Troutlem, ASSISTANT SECRETARY,	perforn d for in hereby (nance of my (Chapter 605 confirm that	acity. I further ao	ree to comply with the
Signatu	CORPORATION AGENTS, INC.				