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COVER LETTER

TO: Registration Section

Division of Corporations	•					
SUBJECT: MAD FLUX MEDIA, LLC						
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 r	matter to the	following:				
Miriam Dorisca						
Name of Person						
MAD FLUX MEDIA, LLC			,			
Firm/Company			SE SE			
8870 N. Himes Avenue #624			14 OCT 29 ALL/Mires			
Address			,			
Tampa, FL 33614						
City/State and Zip Code			7: 42 STATE FLORIDA			
miriam@madfluxmedia.com			μ-			
E-mail address: (to be used for future annual	l report notif	ication)				
For further information concerning this matter, ple	ease call:					
Miriam Dorisca	813	489-9020				
Name of Person	at (Area Code & Daytime Tele	phone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
Enclosed is a check for the following an	nount:					
☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	y			
INHS18 (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.

•	(b) 8870	(b) 8870 N. Himes Avenue				
nited liability company: EET ADDRESS)	(0)	Mailing address of (Note: MAY B)		•		
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	Tam	pa, FL 33614				
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BE FLORIDA STREET	ADDRESS)					
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nt and/or NEW Registere	d Office address:			5 1.	-	ß
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lorida street address of a Florida limited levote of the members	of the registered of iability company of the limited lia	office and the busin t, it is hereby confir bility company or a	ess office o med that the	f the r e char	egiste: ige(s)	
	Miriam D					
gistered agent and age proper and complet tered agent as provid tered office address, f	e nerformance of	capacity. I further my duties, and I at	r agree to co in familiar v	omply vith a	nd acc	ont
	organized under the la lorida street address of a Florida limited le vote of the members ating agreement of the entative of a member entative of a member and agent agent and agent agen	lorida street address of the registered of a Florida limited liability company vote of the members of the limited liability ating agreement of the limited liability Miriam D Intative of a member registered agent and agree to act in this is proper and complete performance of tered agent as provided for in Chapter tered office address, I hereby confirm	organized under the laws of the State of Florida, it is here lorida street address of the registered office and the busing of a Florida limited liability company, it is hereby confirmed to the members of the limited liability company or a string agreement of the limited liability company. Miriam Dorisca Printed or typed agistered agent and agree to act in this capacity. I further the proper and complete performance of my duties, and I agreed agent as provided for in Chapter 605, F.S. Or, if the tered office address, I hereby confirm that the limited liability of the proper and the limited liability company.	organized under the laws of the State of Florida, it is hereby confirme lorida street address of the registered office and the business office of a Florida limited liability company, it is hereby confirmed that the vote of the members of the limited liability company or as otherwise ating agreement of the limited liability company. Miriam Dorisca Printed or typed name of signe engistered agent and agree to act in this capacity. I further agree to act in this capacity and I am familiar watered agent as provided for in Chapter 605, F.S. Or, if this document tered office address, I hereby confirm that the limited liability company.	organized under the laws of the State of Florida, it is hereby confirmed that lorida street address of the registered office and the business office of the rest of a Florida limited liability company, it is hereby confirmed that the chare vote of the members of the limited liability company or as otherwise provating agreement of the limited liability company. Miriam Dorisca Printed or typed name of signee registered agent and agree to act in this capacity. I further agree to comply be proper and complete performance of my duties, and I am familiar with a stered agent as provided for in Chapter 605, F.S. Or, if this document is be tered office address, I hereby confirm that the limited liability company ha	organized under the laws of the State of Florida, it is hereby confirmed that after lorida street address of the registered office and the business office of the register of a Florida limited liability company, it is hereby confirmed that the change(s) wote of the members of the limited liability company or as otherwise provided in ating agreement of the limited liability company. Miriam Dorisca Printed or typed name of signee registered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and accidered agent as provided for in Chapter 605, F.S. Or, if this document is being filtered office address, I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2014

MIRIAM DORISCA MAD FLUX MEDIA, LLC 8870 N. HIMES AVENUE #624 TAMPA, FL 33614

SUBJECT: MAD FLUX MEDIA, LLC

Ref. Number: L09000072091

We have received your document for MAD FLUX MEDIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 514A00022030