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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilless Ellis) Hallie)			
(Document Number)			
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SETTRETARY OF STALL

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: Adding Men of Name of Limited Lie	box TOMOKO NEEd/4 ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the formula of the second o	ollowing:
Alternative Solutions Medi- Firm/Company	
410 ENDRAIS St # 702	2
West Police Ruch, 113 City/State and Zip Code	3 ×0 (
E-mail address: You be used for future annual report notifications.	
For further information concerning this matter, please call: Web Web A A at A A A A A A A A A	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

' STÄTEMENT 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. Nar	me of the limited liability company: ALTOKA	etive Glo	tions Media LIC
2. (a)	416 EVEKNIS (+ #702	(b)	SOME
(, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wost Polar Beach		
	F/1210A 33401		
	7/27/20 Date of filing/registration in Florida	7	1100 0032811
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	•	
	410 EVERNE SJ # 702 Registered Office Address (MUST BE FLORIDA STREET)		Inc Black, Fl 38401
	FL TOMEKO NEEDLE Enter name of NEW Registered Agent and/or NEW Registered 4/0 EVDENIE S+ # 70 2 NEW Registered Office Address: 1/act Sin Boach	Office address:	FILED 2021 AUG -2 AM 2: 16 SECRETARY OF STATE TALLAHASSEE, FIRE
		334ul	
change cagent wi was/wer the artic	nited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia the authorized by an affirmative vote of the members of the operating agreement of the	registered office an bility company, it is find the limited liability con limited liability con	the husiness office of the registered shereby confirmed that the change(s) by company or as otherwise provided in humany.
_	re of a member or authorized representative of a member		Printed or typed name of signee
provisio the oblig to merel	vaccept the appointment as registered agent and agrins of all statutes relative to the proper and complete gations of my position as registered agent as provided viellect a change in the registered office address, I have the complete and the complete of this change.	ee to act in this cap performance of my I for in Chapter 605 ereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent