

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M14 00008246

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000317112 3)))



H220003171123ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

2022 SEP 14 PM 7:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

**\*\*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 AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MEDIA GROUP SERVICES LLC**

Certificate of Status	0
Certified Copy	.0
Page Count	02
Estimated Charge	\$25.00

C. BRUMBLEY  
 SEP 14 2022

2022 SEP 14 PM 4:55

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MEDIA GROUP SERVICES LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000008246

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 11/13/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: VGW (US) LLC

New Registered Office Address: 2100 PONCE DE LEON BLVD Suite 860

*Enter Florida Street Address*

CORAL GABLES

*City*

Florida 33134

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Adia Myles*

Adia Myles, Attorney-in-Fact

If Changing Registered Agent, Signature of New Registered Agent

2022 SEP 14 PM 7:25  
SECTION II OF STATE  
FALL/HASSEY, FL

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>RECON S.A.</u>	<u>ESCAZU, 200MTS SUR DE JUGETON</u>	<input type="checkbox"/> Add
		<u>PRIMER PISO</u>	
		<u>SAN JOSE, COSTA-RICA XX</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Gabriela Vivanco Salvador</u>	<u>2100 Ponce de Leon Blvd. Suite 850</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL, 33134</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Adia Myles*

\_\_\_\_\_  
Signature of the authorized representative

Adia Myles, Attorney-in-Fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00