F12000001079

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Fathy Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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A. RAMSEY 0CT - 7 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 960279 4371937						
REFERENCE : 960279 4371937 AUTHORIZATION : FILE CONTROL OF THE PARTY O						
COST LIMIT : \$ 35.00						
ORDER DATE : September 16, 2022						
ORDER TIME : 9:05 AM						
ORDER NO. : 960279-015						
CUSTOMER NO: 4371937						
CHANGE OF AGENT						
NAME: SAIBOT MEDIA INC.						
MAND. DAIDOI MEDIA INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
EXAMINER'S INITIALS:						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 age is submitted for a corporation organ	iized under the law	s of the State of DELA	WARE	
	to change its registered office or regist	ered agent, or both	n, in the State of Florida		
1. The name of t	he corporation: SAIBOT MEDIA INC.				
	office address: 5455 N FEDERAL HWY				
3. The mailing a	ddress (if different):	•			
	oration/qualification: 03/09/2012			9	
	street address of the current registered a tment of State: (If resigned, enter resign		d office on tile with the		
	FURMAN, ADAM				
	5455 N FEDERAL HWY STE O		·	Me act -6	
	BOCA RATON	FL	33487	. S	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			9	
	1201 Hays Street				
P.O Box NOT acceptable					
	Tallahassee	FL_	32301		
as changed will			-	-	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of dotified in writing o	irectors or by an office f the change.	r so	
attalderer		Michelsa Calderon, Assistant Secretary			
•	e of an officer or director		Printed or typed name and title		
I further agree to of my duties, and document is being corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obi ng filed merely to reflect a change in th been notified in writing of this change n Service Company	nd agree to act in toutes relative to the igation of my posible registered office.	his capacity. e proper and complete tion as registered agen e address. I hereby con,	performance u. Or, if this firm that the	
By: I In	nature of Registered Agent	10/05/2	10/05/2022 Date		
	half of an entity:				
T T	Asst Vice President				
Ty	ped or Printed Name				
	* * * FILING FI	EE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)