



Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

Fax Number

: (307)200-2803 per : (855)330-1010

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8105 8 1 730

REGISTERED AGENT CHANGE NILES MEDIA GROUP, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of l	Missouri	
1. The name of t	he corporation: NILES MEDIA	A GROUP, INC.		
2. The principal	office address: 9420 LIBERT	Y DR		
3. The mailing a				
4. Date of incorp	poration/qualification: 11/12/20	Document number: F1300	00004925	
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file westigned)	ith the	
	CORPORATE FILING S	SOLUTIONS, LLC		
	3030 N. ROCKY POINT	DR. STE 150A		
	TAMPA, FL 33607		2018 C SECR	*439
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered of	2018 OCT 17 SECRETARY TALLAHAY	1
	Registered Agents Inc.		AH SSEE	
	3030 N. ROCKY POINT	DRIVE SUITE 150A	2:4 STAI E. FL	U
	TAMPA, FL 33607	ox NOT acceptable	TATE .	
The street addre	ess of its registered office and the sbe identical.	street address of the business office of it	ts registered agen	nt,
Such change wa authorized by th	is authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an en notified in writing of the change.	officer so	
	r Sprugel	John Sprugel, Presiden		
I hereby accept I further agree to performance of agent. Or, if this	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic	aplete n as registered	
Bu	Have	10/17/2018		
	nature of Registered Agent	Date		
• •	half of an entity:			
Bill Havre-F	rped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *