2/20/2020

Division of Corporations

Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE YAC MEDIA, INC.

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FED 2 4 2020

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

statement of cha	unge is submitted for a corporatio	617.0302, 607.1308, or 617.1308, Florida Stati on organized under the laws of the State of <mark>Dela</mark> or registered agent, or both, in the State of Flori	ware
1. The name of t	the corporation: Yae Media, Inc.	enue, Suite I Kissimmee, FL 34772	
z. The principal	office aduress.		<u> </u>
3. The mailing a	address (if different):		
 Date of incorρ 	poration/qualification: 5/6/2019	Document number: F1900000220	
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	DE B
	Suzanne D. Meehle		2 1
	1215 E Concord St.		
	Orlando, FL 32803		(0) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	2
	Justin Mitchell		
	115 N Stewart Ave, Suite 1		
	Kissimmee, FL 34741	P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and th	te street address of the business office of its re	gistered agent,
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an offineen notified in writing of the change.	icer so
J.	4	Justin Mitchell, Chief Executive Office	:r
Signatu	ire of an officer or director	Printed or typed name and title	
l furthér agrée of my duties, an document is bei	to comply with the provisions of	igent and agree to act in this capacity. I all statutes relative to the proper and comple the obligation of my position as registered ag uge in the registered office address. I hereby of change.	te performance zent. Or, if this onfirm that the
	JA	02 / 14 / 2020	
Sig	gnature of Registered Agent	Date	<u> </u>
If signing on be	chalf of an entity:		
Justin Mitchell			
1	yped or Printed Name	_	
	* * * FIL.	ING FEE: \$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)