Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077 Fax Number : (845)818-3589

\*\*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 ACTON MEDIA INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Vcorp Services, LLC

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org	ganized under the laws of the State of	f Delaware	is	
	er to change its registered office or reg		f Florida.		
1. The name of t	the corporation: ACTON MEDIA INC.				
2. The principal	office address: 701 BRICKELL AVE S	TE 1550, MIAMI, FL 33131			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 07/29/2020	Document number: F20000	0003311		
	d street address of the current registere itment of State: (If resigned, enterresigned)		with the		
	HESLEY, GARRETT				
	701 BRICKELL AVE STE 1550				
	MIAMI, FL 33131		_		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				2022 JUI	
	Vcorp Services, LLC			<u> </u>	
	1200 South Pine Island Road		- 12 A	17 1	
			P [i		
	Plantation, FL 33324	<del></del>	<u></u>	ي ⊂	
The street addreas changed will	ess of its registered office and the stre be identical.	eet address of the business office of	its∎egister <b>e</b>	dagent,	
Such change wa authorized by th	as authorized by resolution duly ador ne board, or the corporation has been	oted by its board of directors or by a notified in writing of the change.	in officer so		
12		Jayson Nayagam, Secretary			
Signatu	re of an officer or director	Printed or typed name and	I title		
l further agrée . of my duties, an dociment is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and co obligation of my position as register othe registered office address. I her	omplete perfo red agent. O reby confirm	ormance or, if this that the	
عوترى معاليل	· · · · · ·	7/6/22			
Sig	nature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Taylor Lolya, Sc	cretary of Veorp Services, LLC				
Ţ	yped or Printed Name	NDD 224 00 4 4 1			