Division of Corporations Electronic Filing Cover Sheet

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> > (((H22000230058 3)))



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îo:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Address:

## REGISTERED AGENT CHANGE DOVER MEDIA INC.

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

Electronic Filing Menu

Corporate Filing Menu



To: FL DIVISION OF CORPORATIONS

statement of ch	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Sid organized under the laws of the State of <mark>Do</mark> registered agent, or both, in the State of Flo	laware
	the corporation: Dover Media Inc.		
2. The name of	Lafting address: 701 BRICKELL AV	ENUE SUITE 1550, MIAMI, FL 33131	
2. The principal	office address.		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 08-11-2021	Document number: F21000004	KII .
5. The name an		ered agent and registered office on file with	
	HESLEY, GARRETT		
	701 BRICKELL AVENUE SUITE 1550		
	MIAMI, FL 33131		#1.1% #1.1%
6. The name ar (ifchanged):	id street address of the new registere	ed agent (if changed) and /or registered offic	
	Veorp Services, LLC		PH 2
	1200 South Pine Island Road		
	Plantation, FL 33324	P.O. Box NOT acceptable	)6 )6
The street add as changed will	ress of its registered office and the II be identical.	street address of the business office of its	registered agent,
		dopted by its board of directors or by an o een notified in writing of the change.	
1Az	-	Jayson Nayagam, Secretary	
	are of an officer or director	Printed or typed name and title	•
I further agrée of my duties, a document is hi	to comply with the provisions of G	ent and agree to act in this capacity. All statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby hange.	ayem. Or. II ma-
Juga 20 7 = 2.	7	07/06/22	
S	ignature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Taylor Lolya, S	Secretary of Veorp Services, LLC		
	Typed or Printed Name		
	* * * FILI?	NG FEE: \$35.00 * * *	