L09000072091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10-14-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAD FLUX MEDIA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Dorisca
Name of Person

MAD FLUX MEDIA, LLC
Firm/Company

8870 N. Himes Avenue #624
Address

Tampa, FL 33614
City/State and Zip Code

miriam@madfluxmedia.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Miriam Dorisca at (813) 489-9020
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MAD FLUX MEDIA, LLC

2. (a) _____
Principal office address of limited liability company:
(***Note: MUST BE STREET ADDRESS***)

(b) 8870 N. Himes Avenue
SUITE 624
Tampa, FL 33614
Mailing address of limited liability company:
(***Note: MAY BE POST OFFICE BOX***)

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) BUSINESS FILINGS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1203 GOVERNORS SQUARE BLVD
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***
SUITE 101
TALLAHASSEE, FL 32303

(b) Miriam Dorisca
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
8870 N. Himes Avenue
NEW Registered Office Address:
Suite 624
Tampa, FL 33614

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TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Miriam Dorisca
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2014

MIRIAM DORISCA
MAD FLUX MEDIA, LLC
8870 N. HIMES AVENUE #624
TAMPA, FL 33614

SUBJECT: MAD FLUX MEDIA, LLC
Ref. Number: L09000072091

We have received your document for MAD FLUX MEDIA, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 514A00022030