

L120000040648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

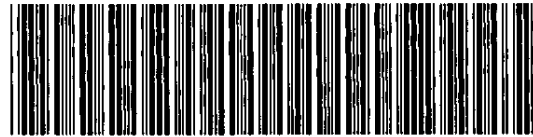
(Document Number)

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12 MAY 23 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A.K.A. MEDIA  
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:

DANIEL CEDENO  
Name of Person

A.K.A. MEDIA, LLC  
Firm/Company

613 SW BARBUDA BAY  
Address

PORT ST. LUCIE, FL 34986  
City/State and Zip Code

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

For further information concerning this matter, please call:

DANIEL CEDENO at (321) 276-0123  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2012

DANIEL CEDENO  
613 SW BARBUDA BAY  
PORT ST LUCIE, FL 34986

SUBJECT: A.K.A. MEDIA, LLC  
Ref. Number: L12000040648

We have received your document for A.K.A. MEDIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 912A00013517

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: A.K.A. MEDIA
2. (a) Principal office address of limited liability company: A.K.A. MEDIA, LLC

(Note: **MUST BE STREET ADDRESS**)

613 SW BARBUDA BAY  
PORT ST. LUCIE, FL 34986

- (b) Mailing address of limited liability company:

A.K.A. MEDIA, LLC

(Note: **MAY BE POST OFFICE BOX**)

613 SW BARBUDA BAY  
PORT ST. LUCIE, FL 34986

3. Date of filing/registration in Florida

03/23/12

4. Document number

12000040648

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UNITED STATES  
CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAK  
COURT A,  
TAMPA, FL 33612

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

DANIEL CEDENO

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

613 SW BARBUDA BAY  
PORT ST. LUCIE, FL 34986

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

DANIEL CEDENO

Printed or typed name of signer

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 608, 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