

L13000 15814.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

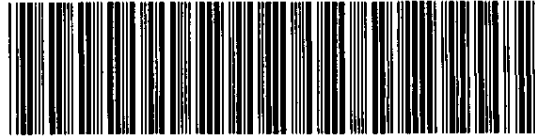
(Business Entity Name)

(Document Number)

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Change

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2014 DEC 12 PM 2:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

ASR
12/22/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2014

ROGER TRUSS
MEDIA GATEWAY STREAM LLC
6750 N. ANDREWS AVE. SUITE 200
FORT LAUDERDALE, FL 33309 US

SUBJECT: MEDIA GATEWAY STREAM LLC
Ref. Number: L13000158193

We have received your document for MEDIA GATEWAY STREAM 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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00026480

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIA GATEWAY STREAM 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:

ROGER TRUSS

Name of Person

MEDIA GATEWAY STREAM LLC

Firm/Company

6750 N ANDREWS AVE, SUITE 200

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

1mediagateway@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL TRUSS

Name of Person

at (954) 479-2655

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: MEDIA GATEWAY STREAM LLC

2. (a) 6750 N ANDREWS AVE (b) 6750 N ANDREWS AVE

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

SUITE 200

SUITE 200

FORT LAUDERDALE, FL 33309

FORT LAUDERDALE, FL 33309

11/11/2013

L13000158193

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17888 67TH COURT NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LOXAHATCHEE, FL 33470

(b) Gail Truss

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6750 N ANDREWS AVE

NEW Registered Office Address:

SUITE 200

FORT LAUDERDALE, FL 33309

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.

Gail A Truss
Signature of a member or authorized representative of a member

GAIL A TRUSS

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.

Gail A Truss
Signature of Registered Agent

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

FILED
2014 DEC 12 PM 2:04
TALLAHASSEE, FLORIDA