

L14000168888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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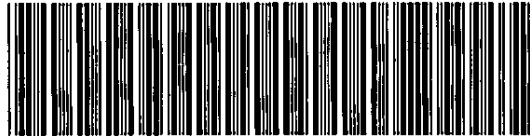
(Business Entity Name)

(Document Number)

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16 JUN 10 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDIAWRITE, 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:

LLOYD A WICKETT

Name of Person

MEDIAWRITE, LLC

Firm/Company

8695 COLLEGE PARKWAY, SUITE 1061

Address

FORT MYERS, FL 33919

City/State and Zip Code

lloyd@mediawrite.com

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

For further information concerning this matter, please call:

LLOYD A WICKETT

at ( 239 ) 935-9072

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: MEDIAWRITE, LLC

2. (a) 8695 COLLEGE PARKWAY, STE 1061 (b) 8695 COLLEGE PARKWAY, STE 1061

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

FORT MYERS, FL 33919

FORT MYERS, FL 33919

OCTOBER 30, 2014

L14000168888

3. Date of filing/registration in Florida

4. Document number

5. (a) 8695 COLLEGE PARKWAY, STE 2432

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

FORT MYERS, FL 33919

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8695 COLLEGE PARKWAY, STE 2432

FORT MYERS, FL 33919

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

NEW Registered Office Address:

8695 COLLEGE PARKWAY, STE 1061

FORT MYERS, FL 33919

FILED  
15 JUN 10 AM 9:44  
SECRETARY OF STATE  
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.

Lloyd A. Wickett  
Signature of a member or authorized representative of a member

LLOYD A WICKETT

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 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