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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRI	Bates Media Consulting, LLC	С					
50175	SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to the	following:				
Jamil	Bates						
	Name of Person						
	Firm/Company		<u> </u>				
1282	5 Longcrest Dr						
	Address						
River	view, Florida 33579						
	City/State and Zip Code						
Jami	l.Bates@Gmail.com						
	2-mail address: (to be used for future ann	ual report noti	fication)				
For fu	rther information concerning this matter.	please call:					
Jamil	Bates	813 at (263-9095				
	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	Re Di P.	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	Za s	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

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.

L. Na	ume of the limited liability company: Bates Media (Consu	Iting, LLC	
2. (a)	12825 Longcrest Dr.	-	_{b)} 12825 L	ongcrest Dr
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Riverview, Florida 33579		Rivewvi	ew, Florida 33579
	12/08/2014	_	L1400018	87040
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	United States Corporation Agents, Inc			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of Stat	- e:
	13302 Winding Oak Court A		77 S 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			7010 DEC -3
	Tampa . FL	33612	2	FILED TH 3: 51
(b)	Jamil Bates			
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	12825 Longcrest Dr			
	NEW Registered Office Address:			-
	Tampa FL	33579)	-
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited liater authorized by an affirmative yote of the members of cles of organization or the operating agreement of the	the reg ability (of the li limited	ristered offic	e and the business office of the registered
	ture of a member or authorized representative of a member			Printed or typed name of signee
I here, provisi the obl to mere notified	by accept the appointment as registered acent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided to the registered office address; if it is a provided in the registered office address; if it is a provided in writing of this change	ey to a perfori A for in hereby	ct in this cap nance of my Chapter 60. confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Begistered Agent			
	Division of Corporations a R.O. I) Dov 43	17- Tallaba	F1 23211

FILING FEE: \$25.00