

D. SCOTT
APR 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2017

LUIS D CAPRILES
175 SE 25TH RD
UNIT 8D
MIAMI, FL 33129

SUBJECT: NEWFLIX MEDIA GROUP, LLC
Ref. Number: L15000088094

We have received your document for NEWFLIX MEDIA GROUP, 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 FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00006354

RECEIVED
2017 APR 21 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 APR 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWFLIX MEDIA GROUP, 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:

LUIS D. CAPRILES

Name of Person

NEWFLIX MEDIA GROUP, LLC

Firm/Company

175 SE 25th RD UNIT 8D

Address

MIAMI, FL 33129

City/State and Zip Code

LCAPRILES@NEWFLIXMEDIA.COM

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

For further information concerning this matter, please call:

LUIS D. CAPRILES

Name of Person

at (305) 525-4577

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: NEWFLIX MEDIA GROUP, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

540 Brickell Key Dr Unit 1717
MIAMI, FL 33131

3. 05-13-2015 4. L15000088094
Date of filing/registration in Florida Document number

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

540 BRICKELL KEY DR 1717
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
175 SE 25th Rd, Unit 8D
NEW Registered Office Address:

MIAMI, FL 33129

FILED
17 APR 21 AM 11:57
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.

[Signature]
Signature of a member or authorized representative of a member

LUIS DANIEL CAPRILES
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