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TO: Registration Section Division of Corporations

MAKEWAY MEDIA, LLC

SUBJECT:

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:

MARC DEL GATTO

Name of Person

MAKEWAY MEDIA

Firm/Company

100 GOLDEN ISLES DR. #302

Address

HALLANDALE, FL 33009

City/State and Zip Code

ARDELCATTO@GMAIL.COM

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

For further information concerning this matter, please call:

MARC DEL GATTO Name of Person	347 882-0261 at () Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ng amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (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.

2. (a) _	MARC DEL GATTO Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		( <b>b</b> )	MARC D	FLCAT	FO						
(0) _			MARC DEL GATTO				DFL GATTO					
			Mailing address of limited liab (Note: MAY BE POST OF					• -	:			
	100 COLDEN ISLES DR. #302	DR. #302 100 GOLDEN ISLES DR. #30					2					
	HALLANDALE. FL 33009			HALLANDALE, FL 33009								
	MAY 2019		L	18000115	999							
3	Date of filing/registration in Florida	4.			Docum	ent number			<u> </u>			
5. (a)	UNITED STATES CORPORATION AGENTS, INC											
	Registered Agent and Registered Office shown on the records of the UNITE STATES CORPORATION ACENTS, INC	he Flor	ida D	ept. of Stat	le:			2				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>					021				
	5575 S. SEMORAN BLVD SUITE 36				_		***	HA	1			
	ORLAND, FL	32822			_			2021 HAY 21	-			
(b)	MARC DEL GATTO						F. T. GPIDA	AH				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	<u>ess</u> :	_			ڢ	~			
	MARC DEL CATTO							58				
	NEW Registered Office Address:				_							
	100 GOLDEN ISLES DR. #302				<del></del>							
	HALLANDALE . FL	33009										
change o igent wi was/wer he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	registe bility ( f the li imited	ered comp imite d liat	office an pany, it i ed liabilit	id the bus s hereby y compa npany. ATTO	siness office confirmed ny or as oth	e of the r that the o terwise p	egistered change(s)	1 )			
~	are of a member or authorized representative of a member					or typed name	•					
provisio he oblig o merel	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	erfori for in	mane 1 Che	ce of my a apter 605	duties, al 5. F.S. O	nd I am Jam r. if this do	iliar wit cument i	h and acc s being fi	cept iled			
	e of Megisterid Agen											

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

INHS18 (2/14)

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