

L18000169777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

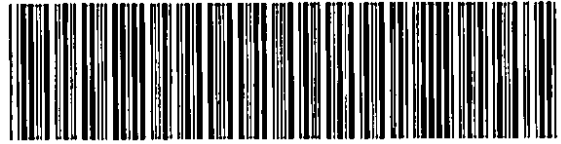
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 AUG 23 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018  
AUG 23 5:17 PM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2018

ROBERT MEACHAM  
TRIPP SCOTT P.A.  
110 SE 6TH ST, FLOOR 15  
FT LAUDERDALE, FL 33301

SUBJECT: CARLISTY MEDIA, LLC  
Ref. Number: L18000169777

We have received your document for CARLISTY MEDIA, 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 118A00016916

②

RECEIVED

2018 AUG 23 AM 9:27

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Carlisty Media, 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:

Robert C. Meacham

\_\_\_\_\_  
Name of Person

Tripp Scott P.A.

\_\_\_\_\_  
Firm/Company

110 SE Sixth Street, Floor 15

\_\_\_\_\_  
Address

Fort Lauderdale FL 33301

\_\_\_\_\_  
City/State and Zip Code

rcm@trippscott.com

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

For further information concerning this matter, please call:

Nina Pavlovich

954

5257500

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: Carlisty Media 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)

1205 NE 9th Avenue

Fort Lauderdale, FL 33304

July 13, 2018

100315869761

3. Date of filing/registration in Florida

4. Document number

5. (a) Blake Meacham

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1205 NE 9th Avenue

Fort Lauderdale, FL 33304

(b) Tripp Scott PA

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

Robert C. Meacham

NEW Registered Office Address:

110 SE Sixth Street, Suite 1500

Fort Lauderdale, FL 33301

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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.

Robert C. Meacham  
Signature of a member or authorized representative of a member

Robert C. Meacham  
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.*

Robert C. Meacham, Registered Agent  
Signature of Registered Agent