

L20 000065139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

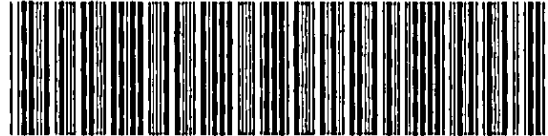
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D BRUCE

OCT 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2021

PATRICIA J MONTAGNO
7950 VERSILIA DRIVE
ORLANDO, FL 32836

SUBJECT: MONTAGNOMEDIA LLC
Ref. Number: L20000065139

We have received your document for MONTAGNOMEDIA 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.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 221A00014608

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTAGNOMEDIA, 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:

Patricia J Montagno

Name of Person

MONTAGNOMEDIA

Firm/Company

7950 Versilia Drive

Address

Orlando, FL 32836

City/State and Zip Code

patty@montagnomedia.com

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

For further information concerning this matter, please call:

Patricia J Montagno

Name of Person

at (203) 2977403

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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**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: MONTAGNOMEDIA, 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**)

7950 Versilia Drive

3757 S Atlantic Avenue, Unit 401

Orlando, FL 32836

Daytona Beach Shores, FL 32118

2/27/2020

L20000065139

3. Date of filing/registration in Florida 4. Document number

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

Cheyenne Moseley, US Corporation Agents, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S Semoran Blvd, Suite 36

Orlando, FL 32822

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

Patricia J Montagno

NEW Registered Office Address:

3757 S Atlantic Avenue, Unit 401

Daytona Beach Shores, FL 32118

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TALLAHASSEE, FL

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.

Patricia J Montagno Patricia Montagno
Signature of a member or authorized representative of a member

Patricia J Montagno
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.

Patricia J Montagno Patricia Montagno
Signature of Registered Agent