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## COVER LETTER

TO: Registration Section Division of Corporations	· .
MINTGREENSKIES MEDIA LLC SUBJECT:	
	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 n	natter to the following:
JENNIFER L. MOORE	
Name of Person	
MINTGREENSKIES MEDIA LLC	
Firm/Company	
14512 N. NEBRASKA AVE, SUITE 107	
Address	<del></del>
TAMPA, FL 33613	
City/State and Zip Code	
jennifer.l.mooretv@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	rase call:
JENNIFER L. MOORE	727 551-4368
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enclosed is a check for the following am	iount:
<b>■</b> \$25 Filling 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.

I. Na	me of the limited liability company: MINTGREENS	KIES MED	A LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14512 N. NEBRASKA AVE, SUITE 107		14512 N. I	NEBRASKA AVE, SUITE 107
	TAMPA, FL 33613		TAMPA, I	FL 33613
	05/21/2021	i	.210002489	978
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	THREE BRIDGES ADVISORY LLC			
). (a)	Registered Agent and Registered Office shown on the records of THREE BRIDGES ADVISORY LLC	i the Florida	Dept. of State	_ e:
	Registered Office Address (MUST BE FLORIDA STREET) 817 EAST CONOVER STREET	TADD <u>RESS)</u>		. 2
	TAMPA	33603 L		- 100 - 100
(b)	JENNIFER L. MOORE			
. ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	RY OF MASSER
	JENNIFER L. MOORE			္မ်ာ္ျပ္ ပ္
	NEW Registered Office Address:			39 ATE
	14512 N. NEBRASKA AVE, SUITE 107			_
	ТАМРА	L_33613		
change agent was/we he arti- Signa	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cless of organization or the operating agreement of the organization of the operating agreement of the organization of authorized representative of a member one of all statutes relative to the proper and complete igations of my position as registered agent as providing reflect a change in the registered office address. I	nws of the Se registered iability cor of the limited l	d office and appany, it is ted liability com ability com affect L. M	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  HOORE  Printed or typed name of signce are to comply with the
nonneg	Cirr writing of this change.	·		, · ·