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COVER LETTER

TO: Registration Section Division of Corporations	
TRT Media Group LLC SUBJECT:	
Name of Limited L	iability 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:
Wayne Wigigns	
Name of Person	
TRT Media Group LLC Firm/Company	
Firm/Company	
3500 Posner Blvd #1029	
Address	
Orlando, FL 33827	
City/State and Zip Code	_ ;
wrw884@yahoo.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Wayne Wiggins 407	694-6921
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee \$25 \$	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.

l.	Na	me of the limited liability company: TRT Media Grou	ip LLC					
2	(a)	Christopher Cruz		(b	Wayne Wig	ggins		
٠.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address of limited (Note: MAY BE POST	•	
		1621 PHAM DR			3500 Posne	er Blvd #1020		
		PORT ORANGE, FL 32128			davenport,	FL 33837		
		8/10/2021			L210003607	22		
3.		Date of filing/registration in Florida	4.	•		Document number		· - · ·
5.	(a)	UNITED STATES CORPORATION AGENTS, INC.						
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept, of State	- ::		
							20	
		Registered Office Address (MUST BE FLORIDA STREET	ADDR	<u> LSS</u>	7	-	231	
		476 RIVERSIDE AVE.					2023 7.95 1.8	٠.
		JACKSONVILLE	3220	2	-	•	8	ī
		, F	L				79	
	(b)	Wayne Wiggins				, -	PH 12: 3"	-1 -1
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			dress:		37	
					.	-		
		NEW Registered Office Address:						
		3500 Posner Blvd #1020						
				_				
		Davenport , F	L	7		-		
chage age	ange ent v is/we	imited liability company is not organized under the later created and the Florida street address of the vill be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis ability of the limite	tere cor lim ed li	d office and mpany, it is ited liability iability com	I the business office of hereby confirmed the company or as other	of the reg at the cha	istered ange(s)
	<u>//</u>	A A A A A A A A A A A A A A A A A A A		Vay:	ne Wiggins	Dained annual annual	F-:	
	•0	ture of a member of hythorized profesentative of a member by accept the appointment as registered agent and ag	ree to	act	in this cana	Printed or typed name of wity I further garee	J	v with the
pre the to no	ovisi e obl mere tifiac	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	perfo ed for i hereb	rma in C v co	in inis capu ince of my d Thapter 605, infirm that ti	icht, Tjurner agree luties, and I am famil F.S. Or, if this doci he limited liahility co	liar with is to timent is been to the company his	y with the and accept peing filed as been
Si	gnatu	re of Registered Agent	_					

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