

**L22005/3560**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC REGISTERED AGENT CHANGE  
MEDICA CREATIVE LLC**

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T. LEMIEUX  
MAR 29 2023

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REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

**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: Medica Creative LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
7901 4th St N STE 300  
St. Petersburg FL 33702

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
7901 4th St N STE 300  
St. Petersburg FL 33702

3. 12/07/22 Date of filing/registration in Florida

4. L22000513560 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5400 BROKEN SOUND BLVD NW 235  
BOCA RATON, FL. 33487

(b) Registered Agents Inc  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL. 33702

2023 MAR 28 PM 12:04  
 LLC

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.

Robin Jones  
 Signature of a member or authorized representative of a member

ROBIN JONES  
 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.*

David Roberts  
 Signature of Registered Agent

David Roberts - Assistant Secretary