Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			
rmali	ADDITESS:			

LLC REGISTERED AGENT CHANGE SOCASH MEDIA LLC

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Help

FEB 0 6 2024

K. Brumbley

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	ame of the limited liability company: Socash Media LLC					
2. (a)	2359 Nw 195th ave	_ (t	2359 Nw 2)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	Pembroke Pines ,FL 33029	- -	Pembroke	Pines .FL 33029		
	01/05/2023		L23000014	149		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALING CORPORATE SERVICES INC.					
(u)	Registered Agent and Registered Office shown on the records of th	e Florid:	a Dept. of Sta	te:		
	476 Riverside Ave.					
	Registered Office Address (MUST BE FLORIDA STREET A)					
	Jacksonville , FL	32202		202		
(b) _	Corporate Creations Network Inc.	2024 FEB				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice ad	ldress:	5 5		
	801 US Highway 1			PH 12: 34		
	NEW Registered Office Address:					
	North Palm Beach , FL	3408				
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere oility co the lin	ed office ar impany, it i iited liabili	ad the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in		
	Kristen Espinales	Kris	sten Espinali	es, Attorney-in-Fact		
-	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p- igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I'm writing of this change.	ertorni	ance of my	duties, and I am familiar with and accept.		
	Kristen Espinales Kristen Espinales, Special Secretary					

Signature of Registered Agent