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Office Use Only



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
BODEWELL MEDIA, LLC SUBJECT:		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Marira Roncari		
Name of Person		
Bodewell Media, LLC		
Firm/Company	20.	
2857 Dennis Court	2023 OC 1 30	
Address	30	
Kissimmee, FL 34741		
City/State and Zip Code	 2	
BODEWELLMEDIA@GMAIL.COM	ω	
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this matter, please co	all:	
Maria Roncari 40	07 489-0408	
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 amount	::	
■ \$25 Filing 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.

. Na	me of the limited liability company: BODEWELL MI	EDIA,	LLC	
(a)	2857 DENNIS CT., KISSIMMEE, FL 34741		(b) 2857 DEN	NIS CT., KISSIMMEE, FL 34741
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2857 DENNIS COURT		2857 DEN	NIS CT.
	KISSIMMEE, FL 34741		KISSIMM	EE. FL 34741
	FEBRUARY 24, 2023		L230001008	307
	Date of filing/registration in Florida	4.	-	Document number
. (a)	TREVOR ROWLEY			
. (a)	Registered Agent and Registered Office shown on the records of	f the Flo	orida Dept. of State	- e:
	INC AUTHORITY RA			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)	-
	390 NORTH ORANGE AVE., STE 2300-N			
	ORLANDO	. 3280	i	20.
	F.	L	<u> </u>	20 23 Oct
	MARIA RONCARI			·
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Offic	e address:	- 3 ₀
			·	<u>고:</u>
	2857 DENNIS COURT			9.
	NEW Registered Office Address:			28
				-
	KISSIMMEE, F	L <u>3474</u> L	1	_
iange gent v as/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis iability of the c limit	tered office and company, it is limited liability	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	tury of a member or authorized representative of a member	-		Printed or typed name of signee
herei rovisi ie obl mere	by accept the appointment as registered agent and agens 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 p writing of this change	ree to : perfo ed for hereb	act in this cape rmance of my c in Chapter 605 y confirm that t	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent