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 : (813)436-5206

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

Email Address:	
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## LLC REGISTERED AGENT CHANGE MEDIAPROMAX LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LECTION

## 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. Na	ame of the limited liability company:MEDIAPROMAX LL	_C		
2. (a)		(1	>)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-		
	03/31/23		L230001628	36
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INVERSION GLOBAL SERVICIOS LLC			
	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	- e;
	601 BRICKELL KEY DRIVE			
	Registered Office Address <u>(MUST BE FLORIDA STREET AI</u>	DDRES:	27	-
	SUITE #700			Ç.
	MIAMI , FL 3	33131		- Per 2
(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ldress:	28:3 Cc 27 1
	7901 4th Si N			7.4.5
	NEW Registered Office Address:			~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	STE 300			-
	St. Petersburg , FL_	13702		_
the cha agent v was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the h	he regi pility co the lin	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
	Carrier House	Rob	in Jones	
•	nture of a member or authorized representative of a member			Printed or typed name of signee
provis the obs to mer noti <u>fi</u> e	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I hid d in writing of this change.  All costs — Assistant Sec	rerform för in ereby c	t in this cape ance of my o Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept is, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent