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2023 JUN 20 PH 3: 4

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: McFaul Medi Name of Limited Lia									
Name of Emitted Elability 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:									
Joyce McFaul									
Name of Person	- · · · · · · · · · · · · · · · · · · ·								
Firm/Company									
2049 Greenwood Valle	ey Dr.								
Address									
Plant City FL , 33563	, > -								
City/State and Zip Code	1 - 110								
Plant City FL 33563 City/State and Zip Code Joyce mc tau (62 @ 9mqil. Cem G-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Joyce Mc Faul 1813	966-7113								
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	Filing Fee & Certified Copy								
INHS18 (2/14)									

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	me of the limited liability company: McFaul /	Media	GIGUP	LLC			
2. (a)		(b)					
- , ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	М			ed liability cor	
	2049 Greenwood Valley Dr	_	2049	Green	nwood	Valley	pr
	Plant City FL 33563	_	Plant	City	FL	33563	
,		·	12300				
3.	Date of filing/registration in Florida	4.	L	Document	number		
5. (a)	Registered Agent and Registered Office shown on the records of the		2				
	Cheyenne Moseley, United States Registered Office Address (MUST BE FLORIDA STREETA 476 Riverside Ave	DDRESS)	<u>Oratio</u>	n Ag	ents,	Inc.	
	Jacksonville , FL	322	02		TAL	2023 JUN 20	
(b)) 		T1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office add	ress:) (20	Γ-
	Joyce McFaul				[;	DES JUN 20 PM 3: 48	
	NEW Registered Office Address:					C	<u> </u>
	2049 Greenwood Valley Dr					RIDA RIDA	
	Plant city ,FL	339	563				
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will 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 l	registered bility con f the limit imited lia	l office and npany, it is ted liability ibility com	the busin hereby co company pany.	ess office onfirmed or as off	e of the regi that the cha herwise prov	stered ngc(s)
ale	y meyal	A	ICX MC	Fau 1			
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre 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 in writing of this change. MI I I I I I I I I I I I I I I I I I I						with the nd accept eing filed is been
Sigratu	of Registered Agent						