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Division of Corporations : (850)617-6383 Fax Number 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 frammual report mailings. Enter only one email address please.** ġ, Email Address:

LLC REGISTERED AGENT CHANGE SACMEDIA STUDIO LLC

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K. SALY

JUL - 2 2024

To:

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.

L. Na	ame of the limited liability company: Sacmedia Studio l	LLC	
2. (a)	401 W Atlantic Ave Suite R10 Unit #296		(b) 401 W Atlantic Ave Suite R10 Unit #296
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Delray Beach, FL 33444		Delray Beach, FL 33444
	06/19/2023		L23000292929
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
·· (u)	Registered Agent and Registered Office shown on the records of	the Flo	Florida Dept. of State:
	476 Riverside Ave.		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDR	RESS)
<i>(</i> 1)	Jacksonville , FL Corporate Creations Network Inc.	3220	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ice address:
	801 US Highway I		ice address:
	NEW Registered Office Address:	-	
	North Palm Beach . FL	3340	108
change agent v was/we	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ibility if the l	ty company, it is hereby confirmed that the change(s) e limited liability company or as otherwise provided in
	Kristen Espinales	Ķ —	Kristen Espinales, Attorney-in-Fact
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to meri	ions of all statutes relative to the proper and complete plations of my position as registered agent as provided ely reflect a change in the registered office address. I has in writing of this change.	ee to a perfoi l for i tereby	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
	Kristen Espinales Kristen Espinales, Special Secretary		

Signature of Registered Agent