L24000049766

(Requestor's Name)					
(10400000000000000000000000000000000000					
(Address)					
(Address)					
(Address)					
(13333)					
(City/State/Zip/Phone #)					
(50,750000000000000000000000000000000000					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	DAT MEDIA GROUP LLC T:					
Name of Limited Liability Company						
Dear Sir	or Madam.					
The encl	osed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the fo	ollowing:			
DEBOR/	AH M RODRIGUEZ					
	Name of Person		_			
·····	Firm/Company	 _	_			
1600 NW	IST AVENUE					
	Address		-			
MIAMI, I	FL33132					
	City/State and Zip Code		_			
DRODRI	GUEZ@DATMEDIAGROUP.COM					
Е-п	nail address: (to be used for future ann	ual report notific	ation)			
For furth	er information concerning this matter,	please call:				
DEBORA	AH M RODRIGUEZ	954 at (980-7079			
	Name of Person		Area Code & Daytime Telephone Number			
F F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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 Conv

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Signature of Registered Agent

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. N	Same of the limited liability company: DAT MEDIA	GROUPLLC	
)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY RE POST OFFICE BOX)
	1600 NW 1ST STREET		
	MIAMI, FL 33 132		
	01/25/2024	1.24	40XXXX49766
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
·	Registered Agent and Registered Office shown on the records DEBORATI M RODRIGUEZ	of the Florida De	of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	6043 SW 26TH STREET		TĂL
	MIRAMAR	FL_33023	TALLAHASSEE. FLORID
(b)			SSEE
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	
	ANTONIO CHOY		N: 56
	NEW Registered Office Address:		
	1600 NW 1ST AVENUE		
	MIAMI	FL_33132	
chang agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member licles of organization or the operating agreement of the member of a member or authorized representative of a member	the registered or liability compars of the limited he limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) Liability company or as otherwise provided in
I here provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	igree to act in to te performance ded for in Chap I hereby confir	his corrects. I further correct to commit with the