4/19/2017



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(((H170001075003)))



H170001075003ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)288-0845

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

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## LLC REGISTERED AGENT CHANGE MTM VIDEOS USA, LLC

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## COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	MTM Videos USA, LLC		
		e of Limited Li	ability Company
Dear Sir or	Madam:		1
The enclose	ed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning thi	s matter to the	following:
Jonnifer Tas	sevoli		
	Name of Person		
National Re	gistered Agents, Inc.		
	Firm/Company	<u> </u>	_
900 Mercha	nts Concourse Suite 405		
	Address		
Westbury, N	NY 11590		
	City/State and Zip Code		
josh@pham	nacy-owners com		
E-mai	l address: (to be used for future ann	ual report notif	ication)
For further	information concerning this matter,	please call:	
Jennifer Tas	evoli	888 at (	579-0286
	Name of Person	_ ~, /	Arca Code & Daytime Telephone Number
Rep Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations from Building 51 Executive Center Circle llahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314
En	closed is a check for the following	amount:	
	\$25 Filing Fee	· 🗷 \$	55 Filing Fee & Certified Copy
INHS18 (2/1	14)		

HI.015 - 27/15/2016 Walters Khuwar Caline

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## 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.

	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Nate: MAY BE POST OF FICE BOX)
	2459 S Congress Ave Ste 204	. 24	59 S Congress Ave Stc 204
	Palm Springs, PL 33406	Pa	lm Springs, F.C. 33406
	5/28/2013	MI:	3000003350
	Date of filing/registration in Florida	4.	Document number
(a)	WRAI Services , Inc .		<u> </u>
(4)	Registered Agent and Registered Office shown on the records of	fihe Florida Der	or of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	1200 South Pine Kland Road	d	•
	Plantation	L 3337	
	Franceitos	r 2336	71
(ს)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>.</u>
(b)	NRAI SERVICES, INC.	d Office addres	<u>*</u>
(b)	NRAI SERVICES, INC.  NEW Registered Office Address.	d Office addres	<u> </u>
(b)	NRAI SERVICES, INC.	d Office addres	<b>3</b> :
(b)	NRAI SERVICES, INC.  NEW Registered Office Address.	d Office addres	<u>*</u>

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