Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC

Account Number : 120080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: marcie@cpa-support.com

LLC REGISTERED AGENT CHANGE MILLIONAIRE MEDIA LLC

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Help



January 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILLIONAIRE MEDIA LLC 80 SW 8TH ST SUITE 2000 MIAMI, FL 33130

SUBJECT: MILLIONAIRE MEDIA LLC

REF: M14000007252

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Member signature is too light to read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000005155

Regulatory Specialist II Supervisor Letter Number: 320A00000334

2020 JAN -7 PM 3: 27

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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.

l. Na	une of the limited liability company: Millionaire Med	ia LLC			
) (a)	140 WASHINGTON AVENUE UNIT # 1524	(b)	(b) 110 WASHINGTON AVENUE UNIT # 1524		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI BEACH, FL 33139	,		EACH, FL 33139	
	10:03/2014		M114000007	252	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State C.T. CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- e: -	
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	L 33324		2020 2017	
(b)	and the state of the section			F: 1. 2020 JAN -7 87	
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th Street N. Ste 300			AM 10: 42	
	NEW Registered Office Address:			14.2	
	St. Petersburg			_	
chang agent was/w the ar	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member.	aws of the ne registere liability co s of the lim ne limited l	State of Fl ed office an mpany, it i ited liabilit iability cor	orida, it is hereby confirmed that after the did the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Criscuolo	
				Printed or typed name of signee	
provis the of to me notific	thy accept the appointment as registered agent and agions of all statutes relative to the proper and completed igations of my position as registered agent as providedly reflect a change in the registered office address, and in writing of this change.	gree to act le performe led for in (I hereby co	in this cap ance of my hapter 60, mirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
Signal	ure of Registered Agent				

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