M16000008254

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
P WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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11/06/17--01028--007 **25.00

SECKLIARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN NOV 0 8 2017 TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, October 31, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For MULTIMEDIA INVESTMENT GROUP, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MULTIMEDIA INVESTMENT GROUP, LLC						
Name of Limited Liability 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:						
Kevin DiLaceri Name of Person						
Multimedia Investment Group, LLC Firm/Company						
10232 Sandy Marsh Lane Address						
Orlando, FL 32832 City/State and Zip Code						
Kevin Silauri @ qmail . Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kevin Dilauri ar (321) 276-9288						
Name of Person	Area Code & Daytime Telephone Number					
	MAILING ADDRESS:					
	Registration Section					
	Division of Corporations P.O. Box 6327					
	Fallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	\$55 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. N	Name of the limited liability company: MULTIME	DIA INVESTMENT GROUP, LLC			
2 (a)	MULTIMEDIA INVESTMENT GROUP, LLC) (b) M	IULTIMEDIA INVES	TMENT GROUP, LLC	
(0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of l	limited liability company: POST OFFICE ROX)	
	4730 S FORT APACHE RD STE 300	4	730 S FORT APAC	CHE RD STE 300	
	LAS VEGAS, NV 89147		AS VEGAS, NV 8914	.7	
	10/14/2016	M 1	16000008254		
3.	Date of filing/registration in Florida	4.	Document num	ıber	
5. (a					
J. (G	Registered Agent and Registered Office shown on the records of	the Florida Dep	it. of State:		
	BUSINESS FILINGS INCORPORATED)			
	Registered Office Address (MUST BE FLORIDA STREET		7200 <u>~</u>		
	1200 S PINE ISLAND RD				
	PLANTATION , FI	33324		FIL 7 NOV -6 LCNC JACO LL AHASS	
				(T) T'- (T)	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address		## 55 10 10 10 10 10 10 10 10 10 10 10 10 10	
	the name of the transfer of the state of the		r.	1. 59	
	Registered Agents Inc.			9	
	NEW Registered Office Address:				
	3030 N. Rocky Point Dr. STE 150A				
	Tampa , FI	33607			
the chagent was/v the au	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the registere iability composite limited liability limited liability knows to act in its constant and the limited liability knows to act in its constant and the limited liability knows to act in its constant and the liability knows to act in the liability k	ed office and the busine any, it is hereby confirm I liability company or as ility company. Printed or typed this capacity. I further	ess office of the registered med that the change(s) s otherwise provided in	
the oil to me notifi	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. Bill Havre - Assistan	ed för in Cha hereby confi nt Secretar		is document is being filed ility company has been	
Signa	ture of Registered Agent	it occided)	ŗ		