

M18 000003022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

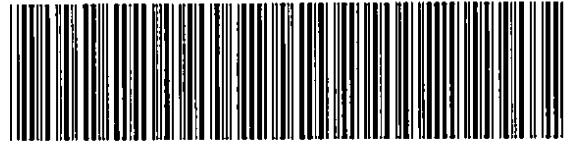
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT 8 AM 9:57
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18 OCT 18 PM 4:38

T. CLINE

OCT 19 2018

EXAMINER



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 10/18/2018

Name: Marisa Kugelmann

Reference #: 1002338

Entity Name: VIEWBLE MEDIA U.S., LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please retain original
submission date of 10/8/2018

FILED
2018 OCT 8 AM 9:57

Authorized Amount: \$25.00

Signature: Marisa Kugelmann



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2018

COGENCYGLOBAL

TALLAHASSEE, FL

SUBJECT: VIEWBLE MEDIA U.S., LLC
Ref. Number: M18000003022

We have received your document for VIEWBLE MEDIA U.S., LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 018A00021311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIEWBLE MEDIA U.S., LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Acevedo, Esq.

Name of Person

Acevedo Belt, P.A.

Firm/Company

1441 Brickell Avenue, Suite 1400

Address

Miami, FL 33131

City/State and Zip Code

maria@abbattorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Acevedo, Esq.

Name of Person

at (305) 396-4282

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VIEWBLE MEDIA U.S., LLC

Enter new principal office address, if applicable: 621 NW 53rd Street

(Principal office address

MUST BE A STREET ADDRESS)

Suite 240

Boca Raton, Florida 33487

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

621 NW 53rd Street

Suite 240

Boca Raton, Florida 33487

2. The Florida document number of this limited liability company is: M18000003022

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 28, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

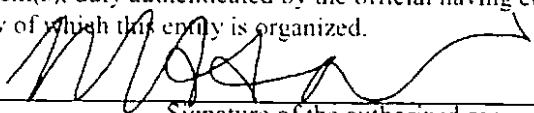
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	BENJAMIN JOHN SMITHWICK	4 BEND COURT, EATONS HILL	<input type="checkbox"/> Add
		QLD 4027, AUSTRALIA	<input checked="" type="checkbox"/> Remove
P/S	BENJAMIN JOHN SMITHWICK	4 BEND COURT, EATONS HILL	<input type="checkbox"/> Add
		QLD 4027, AUSTRALIA	<input checked="" type="checkbox"/> Remove
P/S	Richard Samuel Joseph Aiken	621 NW 53rd Street, Suite 240	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Maria Acevedo, Esq.

Typed or printed name of signee

Filing Fee: \$25.00