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TO:	Registration Section
	Division of Corporations

Mood Media North America, LLC SUBJECT: _

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:

Keyona Hopkins

Name of Person

Agile Legal

Firm/Company

651 N. Broad St. Ste 308

Address

Middletown, DE 19709

City/State and Zip Code

Compliance@agilelegal.com

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

For further information concerning this matter, please call:

Keyona Hopkins	302 376-6710
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:

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\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

. Na	me of the limited liability company: <u>Mood Medi</u>					
(a)	2100 S I-II 35 Frontage Rd, Ste 200		(b) 2100 S I	-H 35 Frontage Rd, St	e 200	
	Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)		、	Mailing address of limi (Note: MAY BE PO		
	Austin, Texas 78704		Austin, T	exas 78704		
	03-27-2023		M18	00000	74	ZS
	Date of filing/registration in Florida	4.		Document number	r	
(a)	CORPORATE CREATIONS NETWORK, INC.					
	Registered Agent and Registered Office shown on the reco	rds of the Flori	ida Dept. of Sta	ile:		
	Registered Agent and Registered Office shown on the reco 801 US Highway 1 Registered Office Address (<u>MUST BE FLORIDA STR</u>					
	801 US Highway 1				(, , , , , , , , , , , , , , , , , , ,	•
(b)	801 US Highway 1 Registered Office Address <u>(MUST BE FLORIDA STR</u> North Palm Beach Universal Registered Agents, Inc.	<u>EET ADDRE</u> _, FL_33408	<u></u>		(. · . ·	
(b)	801 US Highway 1 Registered Office Address (MUST BE FLORIDA STR North Palm Beach	<u>EET ADDRE</u> _, FL_33408	<u></u>		(
(b)	801 US Highway 1 Registered Office Address <u>(MUST BE FLORIDA STR</u> North Palm Beach Universal Registered Agents, Inc.	<u>EET ADDRE</u> _, FL_33408	<u></u>		(, , , , , , , , , , , , , , , , , , ,	
(b)	801 US Highway 1 Registered Office Address <u>(MUST BE FLORIDA STR</u> North Palm Beach Universal Registered Agents, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	<u>EET ADDRE</u> _, FL_33408	<u></u>		(' ' f	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Keyona Hopkins Signatur of a member of authorized representative of a member

Keyona Hopkins Printed or typed name of signee

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.

Keyona Hopkins Signature of Registered Agent

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