

N140000008700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000291018700

10/12/16--01006--001 \*\*35.00

2016 OCT 11 AM 10:08  
CLERK OF COURT  
DIVISION OF REGISTRATION

OCT 12 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2016

TESS RODIN / UNSHEATHED MESSAGE MEDIA INC  
4710 PRIETO DRIVE APT 516  
PENSACOLA, FL 32506-6656 US

SUBJECT: UNSHEATHED MESSAGE MEDIA, INC.  
Ref. Number: N14000008700

We have received your document for UNSHEATHED MESSAGE MEDIA, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 616A00020442

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Unsheathed Message Media, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N14000008700

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Tess Rodin**

Name of Contact Person

**Unsheathed Message Media, Inc.**

Firm/Company

**4710 Prieto Drive, Apt 516**

Address

**Pensacola, FL 32506-6656**

City/State and Zip Code

**unsheathedmessagemedia@gmail.com**

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

For further information concerning this matter, please call:

**Tess Rodin**

Name of Contact Person

at ( **850** ) **898-4004**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

16 SEP 21 AM 6:45  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

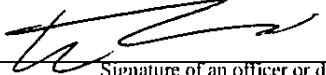
*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Unsheathe Message Media, Inc.
2. The principal office address: 1603 Larry Avenue  
Pensacola, FL 32505
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Sept. 17, 2014 Document number: N14000008700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Legalinc Corporate Services, Inc.  
5237 Summerlin Commons, Ste 400  
Fort Myers, FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Tess Rodin  
4710 Prieto Drive, Apt 516  
P.O. Box NOT acceptable  
Pensacola, FL 32506-6656

2016 OCT 11 AM 10:08  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

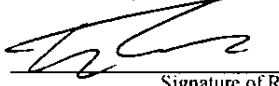
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Tess Rodin, President  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

9/17/16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*