

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000978373)))



H210000978373ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

<u>.</u>	Division of Corporations Fax Number : (850)617-6380	21	PA
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	2021 MAR 10 P	
annua	email address for this business entity to learning to learning the learning email address:	be used for fature ress please.	Û

REGISTERED AGENT CHANGE BUZZMEDIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

BACH

MAR 1 1 2021

D COMMELL

Electronic Filing Menu

Corporate Filing Menu

Help

$^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	ion organized under the laws of the State of FLORIDA
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: BuzzMedia, Inc	
		ORD AVENUE, TAMPA, FL 33609
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 01/19/20	Document number: P00000008551
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	BARBARA ROSENTHAL	
	516 N. BRADFORD AVE	NUE S
	TAMPA, FL 33609	NUE
6. The name and (if changed):	d street address of the new regis	atered agent (if changed) and /or registered officeo
	Northwest Registered	i Agent LLC
	7901 4th St N STE 300	30 ·
		O. Box NOT acceptable
	St. Petersburg FL 33	
The street address changed will	ess of its registered office and (l be identical.	the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
BARBARI	A ROSSITHAL are of an officer of director	BARBARA ROSENTHAL- Director Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered to comply with the provisions of my duties, and I am familiar w iis document is being filed mero	agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
lon	Glove	03/10/2021
•	mature of Registered Agent	Date
	chalf of an entity:	
Tom Glove	Yped or Printed Name	
•		LING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)