P030000 12273

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TO:

Amendment Section Division of Corporations

SUBJECT: Kingston Media Services, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P03000012273				
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:			
Tipton, Michael J				
Name of Contact Person				
Kingston Media Services, Incl				
Firm/Company				
15636 Light Blue Cir				
Address				
Fort Myers, FL 33908				
City/State and Zip Code				
kingstonms@centurylink.net				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, p	lease call:			
Tipton, Michael J	at (239) 454-6699			
Name of Contact Person	at (239) 454-6699 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the I	Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment 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			

CR2E045 (04/13)

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

statement of cha	provisions of sections 607 nge is submitted for a cor	rporation organize	d under the laws of the	State of F	orida	this ——	
	r to change its registered			State of Fl	orida.		
	he corporation: Kingston						
2. The principal	office address: 15636 Ligh	ht Blue Cir, Fort My	vers, FL 33908			<u></u> .,	
3. The mailing a	ddress (if different): n/a						
4. Date of incorporation/qualification: 01/27/2003 Document number: P0300001					2273		
	I street address of the curr tment of State: (If resigne		nt and registered office	on file wit	h the		
	Deceased 06/29/2021						
6. The name and (if changed):	l street address of the new	v registered agent (if changed) and /or reg	istered offi	SECRETA	2022 JAN 10	
	Tipton, Michael J				1888 1888	0	-
	15636 Light Blue Cir					PH	T
	P.O. Box NOT acceptable				(7)		سيا
	Fort Myers, FL 33908				• • •	26	
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business o	ffice of its	registe	red ag	ent.
Such change wa authorized by th	is authorized by resolutions board, or the corporation	on duly adopted by ion has been notifi	y its board of directors ed in writing of the ch	or by an elange.	officer s	O	
7/2	1100	!	Michael J Tipton, Presid	ent			
Signatu	e of an obicer or director		Printed or typed	name and titl	e		_
I further agreed of my duties, an document is bei	the appointment as regis of comply with the provised I am familiar with and ang filed merely to reflect been notified in writing	sions of all statute l accept the obliga t a change in the r	s relative to the prope. tion of my position as	r and com _i revistered	agent.	Or. u	tnis
MAL	////		01/07/2022				
Sig	nature of Registered Agent		Da	te			_
If signing on be	half of an entity;						
т	sped or Printed Name						

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