

P04000142701

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Ra office change

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14 JAN 14 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miller Six Media inc.
Name of Corporation

DOCUMENT NUMBER: 413A 000 28742

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:

Glen Greenfelder
Name of Contact Person

Miller Six Media
Firm/Company

36601 St. Joe Rd.
Address

Dade City FL 33523
City/State and Zip Code

Ryan Krause @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Krause at (917) 4050310
Name of Contact Person 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

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TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2013

**GLEN GREENFELDER
36601 ST JOE RD
DADE CITY, FL 33525**

**SUBJECT: MILLER SIX MEDIA, INC.
Ref. Number: P04000142701**

We have received your document for MILLER SIX MEDIA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached form and send in an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

**Diane Cushing
Senior Section Administrator**

Letter Number: 413A00028742

**RECEIVED
14 JAN 14 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**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 FL.
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miller Six Media
2. The principal office address: 36601 St. Joe Rd.
Dade City Fl. 33523
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/04 Document number: P04000142701
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)
Glen Greenfelder esq.
14217 third St.
Dade City Fl. 33525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Glen Greenfelder esq.
36601 St Joe Rd.
P.O. Box NOT acceptable
Dade City Fl. 33523

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TALLAHASSEE, 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.

Ryan Krause _____ Ryan Krause P/t
Signature of an officer or director 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.

Glen Greenfelder _____ 1-4-14
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING 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)