

P/2 000023837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

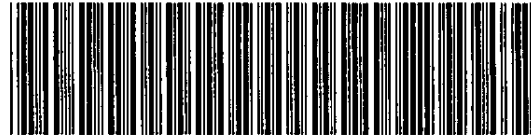
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

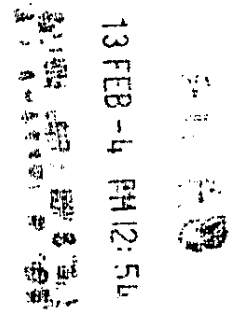
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RA Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BrainSell Media, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000023837

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:

Jon Gerhart
Name of Contact Person

BrainSell Media, Inc.
Firm/Company

4656 Tuscan Wood Ct
Address

Saint Augustine, FL 32092
City/State and Zip Code

gerhartj@gmail.com

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

For further information concerning this matter, please call:

Jon Gerhart at (248) 672-8812
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

**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: BrainSell Media Inc.
2. The principal office address: 4656 Tuscan Wood Ct
Saint Augustine, FL 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 9th 2012 Document number: P12000023837
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)
Corporation Service Company
1201 Hays St,
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jon Gerhart
4656 Tuscan Wood Ct
P.O. Box NOT acceptable
Saint Augustine, FL 32092

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] Jon Gerhart (President)
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.

[Signature] Jan 31st, 2013
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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