## P14000064296

| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
| . (Ad                                   | ldress)            |           |  |
| . (Ad                                   | ldress)            |           |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |
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SECRETARY OF STATE
STORE OF CORPORATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Media Voice, Inc Name of Corporation P14000064296 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: Paul Cortes-Rexach Name of Contact Person McConnell Valdes LLC Firm/Company PO Box 364225 Address San Juan, Puerto Rico 00927 City/State and Zip Code prcr@mcvpr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Cortes-Rexach Area Code & Daytime Telephone Number Name of Contact Person

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, 617.050 statement of change is submitted for a corporation organ   | nized under the laws of the State of Florida   | is             | -             |
|---|--|----------------|---------------|
| in order to change its registered office or regist  | -  |                |               |
| 1. The name of the corporation: Media Voice, Inc.   | <b>3.</b>  | ···            |               |
| 2. The principal office address: 450 Fairway Driv<br>Deerfield Beach, Florida 33441   | ve, Suite 204  |                |               |
| 3. The mailing address (if different):  |  |                |               |
| ·4. Date of incorporation/qualification: July 31, 201   | 4 Document number: P1400006429   | <del>)</del> 6 |               |
| 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign  | agent and registered office on file with the   |                |               |
| John Elwin  |  |                |               |
| 4807 NW 22 ST   |  |                |               |
| Coconut Creek, Florida 330  |  | 14             | INIE          |
| 6. The name and street address of the new registered age (if changed):  |  | 8- J30         | SION OF C     |
| Jaime Torres  |  | P.             | ORPORA        |
| 450 Fairway Drive, Suite 20   | 04   | <u>.</u>       | STAI<br>)RAII |
| Deer Beach, Florida 33441   | •  |                | SNO           |
| The street address of its registered office and the street as changed will be identical.  | t address of the business office of its registered   | d ager         | nt,           |
| Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no  | d by its board of directors or by an officer so officed in writing of the change.                  |                |               |
| Signature of an officer or director   | Anotnio Rexach - Secretary Printed or typed name and title   |                | -             |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to refereby confirm that the corporation has been notified | accept the obligation of my position as registe<br>lect a change in the registered office address, | ered<br>I      |               |
| 100   | November 19, 2014  |                | _             |
| Signature of Registered Agent   | Date   |                |               |
| If signing on behalf of an entity:  |  |                |               |
| Typed or Printed Name   |  |                |               |

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