

P160000 77307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

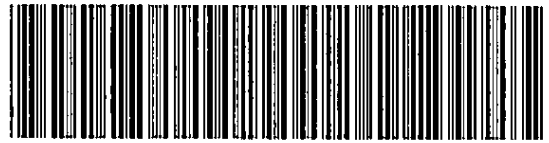
(Document Number)

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DATE 05/17/19 BY 60321 PAB/DAW

JUL 01 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Impact Media Solutions Inc

Name of Corporation

DOCUMENT NUMBER: P16000077307

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:

Samuel Llanes

Name of Contact Person

Impact Media Solutions

Firm/Company

1401 N. University Drive #500

Address

Coral Springs FL 33071

City/State and Zip Code

saminsurancerep@gmail.com

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

For further information concerning this matter, please call:

Fanette Stewart

Name of Contact Person

888 723-5407

at ()
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: Impact Media Solutions Inc.
2. The principal office address: 1401 N. University Drive suite 500
Coral Springs FL 33071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/2016 Document number: P16000077307

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)

Samuel Llanes

11330 NW 68th Ct

Parkland FL 33076

- * 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Samuel Llanes

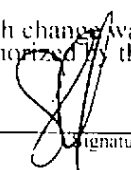
1401 N. University Dr. #500

P.O. Box NOT acceptable

Coral Springs FL 33071

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.

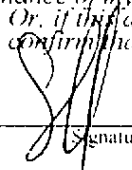


Signature of an officer or director

Samuel Llanes - President

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 of Registered Agent

5/14/19

Date

If signing on behalf of an entity:

Typed or Printed Name

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