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2023-04-17 09:55 GMT

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From: John Gurba

4/12/23, 11:07 AM

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : COURACCESS CENTERS, LLC  
Account Number : 075350000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Kimberley@bigscreenent.com

REGISTERED AGENT CHANGE  
STUDIO MEDIA INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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2023 APR 17 PM 9:12

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Audit # H22000136637

**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: STUDIO MEDIA INC
2. The principal office address: 725 FAIRWOOD FOREST DR  
CLEARWATER, FL 33759
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation qualification: 03/24/2017 Document number: P17050027709
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)

COURTACCESS CENTERS LLC13046 RACE TRACK ROAD, 131TAMPA, FL 33626

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

COURTACCESS CENTERS LLC9241 BRINDLEWOOD DRIVEP.O. Box NOT acceptableODESSA, FL 33556

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

DocuSigned by:

Kimberley Kates  
Signature of an officer or director  
52579F3678C6452

KIMBERLEY KATES, 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

DocuSigned by:

John A Gurba Jr  
Signature of registered agent  
4120487870452

4/17/2023

Date

If signing on behalf of an entity:

John A Gurba Jr

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 (04-13)

Audit # H22000136637