

P170000063938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

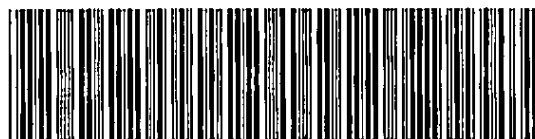
(Business Entity Name)

(Document Number)

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2018 JUN 18 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAROLCHG

JUN 20 2018  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Awaka Media Inc.  
Name of Corporation

DOCUMENT NUMBER: P170000 63938

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:

Michael Stern

Name of Contact Person

Awaka media inc.

Firm/Company

14543 Crested Plume Dr.

Address

Winter Garden, FL 34787

City/State and Zip Code

Michael @Visitor-one.com

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

For further information concerning this matter, please call:

Michael Stern

Name of Contact Person

at (631) 836-3300

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2018

MICHAEL STERN  
14543 CRESTED PLUME DR.  
WINTER GARDEN, FL 34787

SUBJECT: AWAKN MEDIA INC  
Ref. Number: P17000063938

We have received your document for AWAKN 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):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 718A00011550

RECEIVED  
JUN 18 10 41 AM '18  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
P.O. BOX 6227  
TALLAHASSEE, FL 32314

**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: Awaken Media inc.
2. The principal office address: 14543 Crested Plume Dr.  
Winter Garden, FL 34787
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/28/2017 Document number: P17000063938

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)

Registered Agents inc.  
3030 W. Rocky Point Dr. Ste 150A  
Tampa, FL 33617

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

Michael Stern  
14543 Crested Plume Dr.  
Winter Garden, FL 34787

P.O. Box NOT acceptable

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.

MS

Signature of an officer or director

Michael Stern

Printed or typed name and title

owner

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.

MS

Signature of Registered Agent

6-13-18

Date

If signing on behalf of an entity:

MS

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)

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TALLAHASSEE, FLORIDA