P19000083961

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 307069 8433542

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 5, 2024

ORDER TIME : 8:54 AM

ORDER NO. : 307069-007

CHANGE OF AGENT

NAME: MEDIAHOUSE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CUSTOMER NO: 8433542

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	607.0502, 617.0502, 6 corporation organized red office or registered	under the lav	ws of the State of _	FLORIDA
	he corporation: MEDIA		ugum, or our		
		CONGRESS AVE., ST	E. 2050 BOC	A RATON, FL 33	1487
3. The mailing a	ddress (if different): _				
4. Date of incorp	coration/qualification:	11/08/2019	_ Document i	number: <u>P19000</u>	083961
	I street address of the c tment of State: (If resi	current registered agent gned. enter resigned)	and registere	ed office on file wi	AFEB T
	SPEYER, W. KIP				ASSI ASSI
	6400 CONGRESS A	AVE., STE. 2050			PH 12: 21 OF STATE
	BOCA RATON			33487	2: 21 ORII
6. The name and (if changed):	I street address of the r	new registered agent (il Company	changed) and	d /or registered of	fice
	1201 Hays Street	. ,		<u> </u>	-
	1201 Hays Street	P.O. Box NO	T acceptable		_
	Tallahassee		FL	32301	_
The street addre	ess of its registered off be identical.	fice and the street add	ress of the bu	siness office of it	s registered agent.
Such change wa authorized by th	as authorized by resolute board, or the corpor	ution duly adopted by ration has been notifie	its board of c d in writing c	directors or by an of the change.	officer so
/s/ Ethan Rudin		Etl	nan Rudin		CFO
Signatur	re of an officer or director		Print	ed or typed name and tr	tīe
I further agree to of my duties, and document is being corporation has	o comply with the prod d I am familiar with a	egistered agent and ag ovisions of all statutes and accept the obligati lect a change in the re ing of this change. BY	relative to th on of my pos	e proper and con ition as registered	d agent. 'Or, if this -
By: Drace	Z-Kubi.		5/2024		
•	nature of Registered Agent half of an entity:			Date	
Grace E. Kirby,	Asst. Vice President ped or Printed Name	· · · · · · · · · · · · · · · · · · ·			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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