

P2000000 3500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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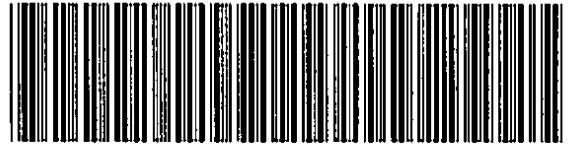
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: General Media Consulting Company
Name of Corporation

DOCUMENT NUMBER: P20000003500

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:

Justin Gaynor
Name of Contact Person

General Media Consulting Company
Firm/Company

6834 Paul Mar Dr
Address

Lake Worth, FL 33462
City/State and Zip Code

justin@generalmediaconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Gaynor at (561) 876-9728
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: General Media Consulting Company
2. The principal office address: 6834 Paul Mar Dr.,
Lake Worth, FL 33462
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2020 Document number: P20000003500
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)

Justin Gaynor
6834 Paul Mar Dr. 520 Powers Ave
Lake Worth, FL 33462 Port Orange, FL 321

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

Justin Gaynor
6834 Paul Mar Dr
Lake Worth, FL 33462

P.O. Box NOT acceptable

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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]
Signature of an officer or director

Justin Gaynor
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]
Signature of Registered Agent

8/19/2020
Date

If signing on behalf of an entity:

Justin Gaynor
Typed or Printed Name

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