P20000080291

(Requ	estor's Name)	
(Addre	ess)	
(Address)		
(City/S	State/Zip/Phone #	/)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	·)
(Document Number)		
Certified Copies	Certificates o	f Status
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Special Instructions to Filing Officer:		
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S. YOUNG



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Mutual Marketing Advisors, Inc. Name of Co	orporation	
DOC	JMENT NUMBER: P20000080291		
The er	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	Christina Horton Name of Cor	stact Person	
	Name of Co.	ract i cison	
Mutual Marketing Advisors, Inc. Firm/Company			
		mipany	
	1712 Pioneer Ave Ste 7000	racc	
Cheyenne, WY 82001 City/State and Zip Code			
	•	•	
christina@wyomingcompany.com			
	E-mail address: (to be used for for	iture annual report notification)	
	rther information concerning this matter, please of	call:	
Chris	Name of Contact Person	at (307) 632-3333 Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the Depart	•	
	Mailing Address:	Street Address:	
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	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 statement of change is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this ragnized under the laws of the State of Florida
, ,	egistered agent, or both, in the State of Florida.
1. The name of the corporation: Mutual Marketing Ad	visors, Inc.
2. The principal office address: 1712 Pioneer Ave Ste 7	
 	
3. The mailing address (if different): 1712 Pioneer Ave	Ste 7000 Cheyenne, WY 82001
4. Date of incorporation/qualification: 10/06/2020	Document number: P20000080291
The name and street address of the current register Florida Department of State: (If resigned, enter res	
NORTHWEST REGISTERED AGENT 1267 WILLIS ST STE 200 REDDING, FL 96001	
6. The name and street address of the new registered (if changed): Northwest Registered Ager	22
7901 4th St N	w mil
	NOT acceptable G
St. Petersburg, FL 33702	
The street address of its registered office and the strass changed will be identical.	reet address of the business office of its registered agent.
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
	Gerald Pitts
Signature man officer or director I hereby accept the applointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I
Ion Glove	10/16/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Florida	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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