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PICK-UP	TIAW [MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



000439037310

2024 DEC 18 PH 3: 41 DEC 18 PH 4: 4

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

statement of cha	unge is submitted for a corpo	502, 617.0502, 607.1508, or 61 pration organized under the law fice or registered agent, or both	es of the State of	<u>r</u> FL	
1. The name of	the corporation: HOTSPEX I	MEDIA US, INC.			
2. The principal	office address: 4290 NW 62	ND RD. BOCA RATON, FL 3	3496		
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 07/1	6/2024 Document n	umber: <u>P2400</u>	0046917	<u></u>
	d street address of the curren rtment of State: (If resigned,	nt registered agent and registered enter resigned)	d office on file v	with the	
	ASSURED COMPLIANCE	E SERVICES, LLC		_	
	1615 WOODWARD ST.				
	ORLANDO	FL	32803		
6. The name and (if changed):		egistered agent (if changed) and	l /or registered c	 office	
	Corporation Service Com	parry		_	
	1201 Hays Street	P.O. Box NOT acceptable		_	
	Tallahassee	FL	32301	_ %	71
The street addreas changed will	ess of its registered office a be identical.	nd the street address of the bu	siness office of	· ·	Pront.
Such change wa authorized by the	as authorized by resolution he board, or the corporation	duly adopted by its board of d has been notified in writing o	lirectors or by a of the change.	in officer so	18
/S/ Philip K. (Calandrino	Philip K. Caland	rino	CEO;	PM
_	ire of an officer or director		ed or typed name and	Tutle The	<u> </u>
I further agree of my duties, an document is bei corporation ha	the appointment as registe to comply with the provision ad I am familiar with and ac ing filed merely to reflect a s been notified in writing of n Service Company	red agent and agree to act in t ms of all statutes relative to the ecept the obligation of my post change in the registered office this change.	his capacity. e proper and co ition as register e address, I her	omplete perfer red agent. Or eby confirm th	viance if this iat the
By: Ymes	7-Kuby	12/13/2024	Data		
_	enature of Registered Agent chalf of an entity:		Date		
0 0	IRBY, ASST. VICE PRES	IDENT			
	yped or Printed Name				

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