Entity Name: MCLAUGHLIN MEDIA MIX, INC.		Secretary of State 1686516710CC	
Current Prir	cipal Place of Business:		1000310/1000
635 HUDSON E			
PALM BEACH (	GARDENS, FL 33410		
Current Mai	ling Address:		
635 HUDSO	N BAY DR.		
PALM BEAC	H GARDENS, FL 33410 US		
FEI Number: 90-0521341			Certificate of Status Desired: No
Name and Address of Current Registered Agent:			
MCLAUGHLIN,			
635 HUDSON E PALM BEACH (	AY DR. GARDENS, FL 33410 US		
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.
<u></u>			
SIGNATURE	CHARLOTTE MCLAUGHLIN		02/09/2022
SIGNATURE	: CHARLOTTE MCLAUGHLIN Electronic Signature of Registered Agent		02/09/2022 Date
Officer/Dire	Electronic Signature of Registered Agent		
	Electronic Signature of Registered Agent	Title	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRES		RA
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent <b>Ctor Detail :</b> PRES MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR.	Name	Date RA MCLAUGHLIN, CHARLOTTE
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>Ctor Detail :</b> PRES MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR.	Name Address	Date RA MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR.
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>Ctor Detail :</b> PRES MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410	Name Address City-State-Zip:	Date RA MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent <b>ctor Detail :</b> PRES MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410 CFO	Name Address City-State-Zip: Title	Date RA MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410 TD
Officer/Direct Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent <b>Ctor Detail :</b> PRES MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410 CFO MCLAUGHLIN, DANIEL 635 HUDSON BAY DR.	Name Address City-State-Zip: Title Name	Date RA MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR. PALM BEACH GARDENS FL 33410 TD MCLAUGHLIN, CHARLOTTE 635 HUDSON BAY DR.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL MCLAUGHLIN

CFO

02/09/2022 Date

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10603

**FILED** Feb 09, 2022

**Secretary of State**