## 4719000000174

(Requestor's Name)				
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Ceπified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



100416565951

PA & RO Change



A. RAMSEY OCT 12 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/11/2023				
	Juliana				
Reference #	#: <b>2149581</b>				
		OSS MEDIA, LLC			
Articl	les of Incorporation/Authoriz	ation to Transact Business			
Ame	ndment				
✓ Change of Agent					
Rein:	statement				
Conv	version				
☐ Merg	er				
☐ Dissolution/Withdrawal					
Fictitious Name					
Othe	r				
Authorized / Signature: _	Amount: \$25.00	<del></del>			

F: 800.944.6607

## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJE	CCT:	Cross Media, LLC		
	Name of Limited Liability Company			
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please i	return all correspondence concerning this r	matter to the following:		
	Name of Person			
	Firm/Company			
	runeCompany			
	Address			
	City/State and Zip Code			
E-	-mail address: (to be used for future annual	report notification)		
For furt	ther information concerning this matter, plo	case call;		
		at ( )		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following an	nount:		
	☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18	(2/14)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:		Cross Media, LLC		
2. (a)	717 N Harwood Street Suite 2200	(b)	717 N Harwood Street Suite 2200		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Dallas, TX 75201	_	Dallas, TX 75201		
	1/24/2008	_	L08000009174		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	CORPORATION SERVICE COMPA	ANY			
(u	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	1201 HAYS ST STE 101		2		
	Registered Office Address	ADDRESS)			
	TALLAHASSEE FI	32	301 PHIZ 2		
<i>(</i> 1.5)	0 0 1 1				
(b)	Cogency Global Inc.  Enter name of NEW Registered Agent and/or NEW Registered	Office add			
	115 North Calhoun Street, Suite	4			
	<u>NEW</u> Registered Office Address:				
	7-11-1	20	204		
	Tallahassee	32	301		
the ch agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the Magory Wanen authorized representative of a member.	f the regist ability cor of the limi	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to men notifie	by accept the appointment as registered agent and agisions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	ree to act performa ed for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am Jamiliar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
Signat	ure of Registered Agent				