L16 0000 67546

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SECTIONS OF SECTIO

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COVER LETTER

	istration Section ision of Corporations		,			
SUBJECT:	EM DIGITAL, LLC					
ocione i	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.			
Please return	n all correspondence concernin	g this matter to the	e following:			
Giancarlo Ch	nersich					
	Name of Person					
Empowered i	Media, LLC					
	Firm/Company					
2520 Coral V	Vay. Suite# 2372					
	Address					
Miami, FL 3	3145					
	City/State and Zip Co	de				
caa@cmpow	reredmedia.us					
E-mail	address: (to be used for future	annual report noti	fication)			
For further i	nformation concerning this ma	tter, please call:				
Cathleen Alle	er	305 at (900-7063			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ving amount:				
■ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

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.

I. Na	me of the limited liability company:EM DIGITAL, L	LC		
2. (a)		(b)	
` , , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2520 Coral Way, Suite# 2372			
	Miami, FL 33145			***
	04/07/2016		L16000067	7546
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	COGENCY GLOBAL INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	
	115 North Calhoun St., Suite 4			20 H
	Tallahassee F1	32301		E III 2020 HAR - 9 SECALLAHA
(b)	EMPOWERED MEDIA, LLC			ASSEE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	1:39 FAIR
	NEW Registered Office Address:			
	2520 Coral Way, Suite# 2372			_
	Miami FI	33145		_
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
(Gia	carlo Cher	
I herel provision the obli to mere notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if in writing of this change.	performe d for in C	ince of mv Chapter 60.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed