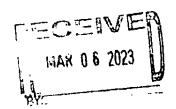
## L20 000331299

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY SELVEN

## **COVER LETTER**

Division of Corporations						
SUBJECT: NED MEDIA WORKS LLC	FCT. NED MEDIA WORKS LLC					
Name of Li	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	er to the following:					
Valentina Lugo						
Name of Person						
Firm/Company						
1007 N Orange St. 4th Floor Suite #1050						
Address						
Wilmington, Delaware 19801						
City/State and Zip Code						
agent@firstbase.io						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
Valentina Lugo at (	, 9293050668					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount	nt:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

TO:

Registration Section

## 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. Na	me of the limited liability company:	WORK	S LLC	
2. (a)	2600 SW 3rd Ave STE PH-B	(h	, 2600 SV	V 3rd Ave STE PH-B
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33129		MIAMI, F	FL 33129
	10/27/2020		 L2000033	31299
3.	Date of filing/registration in Florida	— 4.		Document number
	WEST KENDALL REGISTERED AGENTS	INC		
5. (a)	Registered Agent and Registered Office shown on the records of 5600 SW 135 AVE STE 106R		i Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	ù	. 2023
	MIAMI F	33183	-	FILED 2023 HAR -6 AM 10: 07 SECRETARY OF STATE TALL ANASSEE, FLOATE
(b)	Firstbase Agent LLC			FILED RETARY OF ANASSEE
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	F
	111 NE 1st St, 8th Floor Suite #88592			9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	NEW Registered Office Address:			
	Miami , F	33132		•
the cha agent v was/wo the arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability control of the limited	stered office ompany, it is nited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	iture of a member or authorized representative of a member		NVERGE	NTE SOA  Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to ac e perform ed for in ( hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the
Signatu	Valentina Lugo ire of Registered Agent			