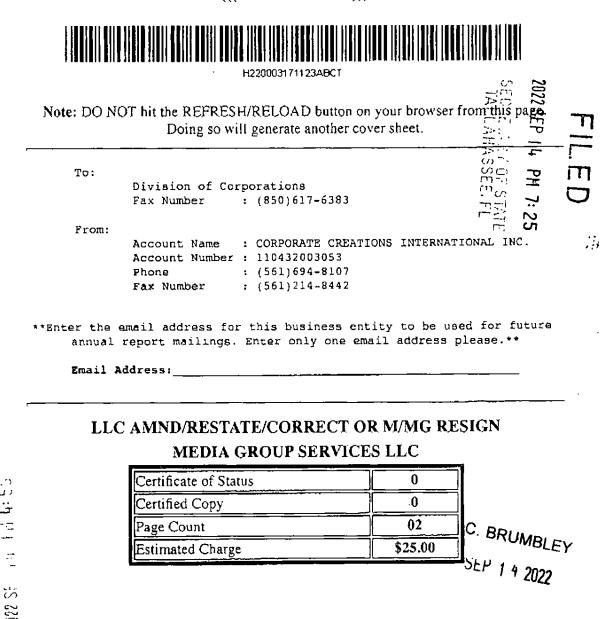


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003171123)))



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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	SECTION	1 (1-4 must be o	ompicted)		
1. Name of limited liability Com	pany as it appear	s on the records o	of the Florida Depa	rtment of	
State: MEDIA GROUP SERVI	CBS LLC				
Enter new principal office address	s, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u>(S</u>)				
Enter new mailing address, if app	licable:			ACC	M22 SEP
(Mailing address			<u> </u>		<u> </u>
MAY BE A POST OFFICE BOX	Ø				
				SEC	<u> </u>
2. The Florida document number	of this limited lia	bility company is	M14000008246		-:
3. Jurisdiction of its organization	Nevada				د. د.
4. Date authorized to do business	in Florida: 11/1	3/2014		~	
SECTION II (5-9 complete only	the applicable	changes)			
5. New name of the limited liabil	ity company: (mus	t contain "Limite	d Liability Compar	ny, " "L.L.C.," or	"LLC.")
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability Contains")	managers or ma-	naging members	of transacting busing adopting the alternation	ness in Florida and ate name. The alto	d attach a ernate name
6. If amending the registered ager registered agent and/or the new re	nt and/or registere gistered office a	ed officer address ddress here:	on our records, en	ter the name of th	<u>ie new</u>
Name of New Registered Agent:	VGV (US) LLC				
New Registered Office Address:		E LEON BLVD S	uite 860		
3			Enter Florida Str	eet Address	 _
	co	RAL GABLES	,	Florida 33134 Zip C	
•		Ci	ÿ	Zip C	ode
New Registered Agent's Signatur	e, if changing Re	gistered Agent:		• 6 - 4	t 1-1

New Registered Agent's Signature, it changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Adia Myles Adia Myles, Attorney-in-Fact

If Changing Registered Agent, Signature of New Registered Agent

e/ Capacity	<u>Name</u>	Address	Type of Action
IGR I	RECON S.A.	ESCAZU,200MTS SUR DE JUGETON	
		PRIMER PISO	
		SAN JOSE, COSTA-RICA XX	=Ren
ir_	Gabriela Vivanco Salvador	2100 Ponce de Leon Blvd. Suite 850	■Add
		Coral Gables, FL, 33134	□Rеп
			DAdo
			□Rem
			□Add
			🗆 Ren
			□Ado
foremention	inder the law of which this entity is o	d by the official having custody of records in the	□Ren

Filing Fee: \$25.00