

MIL0000007233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

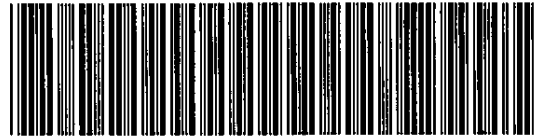
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
CLERK
16 DEC -1 11:05

DEC 02 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDON MEDIA, LLC
Name of Foreign Limited Liability Company.

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry Clark

Name of Person

IDON MEDIA, LLC

Firm/Company

500 Ocean Drive, #E-8A

Address

Juno Beach, FL 33408

City/State and Zip Code

Larry@digitaloutdooradvertising.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Clark

Name of Person

at (646) 574-9018

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 amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2016

LARRY CLARK
4008 SE 20TH PLACE #B1
CAPE CORAL, FL 33904

SUBJECT: IDON MEDIA LLC
Ref. Number: M16000007233

RECEIVED
2016 DEC - 1 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for IDON MEDIA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00024623

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SECRETARY OF STATE
16 DEC - 1 AM 11:05

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IDON MEDIA, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

 500 Ocean Drive, #E-8A

 Juno Beach, FL 33408

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

 500 Ocean Drive, #E-8A

 Juno Beach, FL 33408

2. The Florida document number of this limited liability company is: M16 00000 7233

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 9/12/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 500 Ocean Drive, #E-8A

Enter Florida Street Address

 Juno Beach

City

 , Florida 33408

Zip Code

New Registered Agent's Signature, if 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.

If Changing Registered Agent, Signature of New Registered Agent

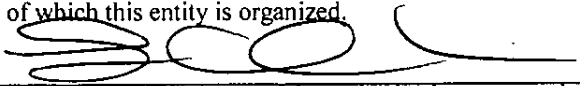
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STATE
16 DEC - 1 4:11:05
TALLAHASSEE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Larry Clark

 Typed or printed name of signee

Filing Fee: \$25.00

FILED
 16 DEC -1 AM 11:05
 MISSOURI