

T12000001058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

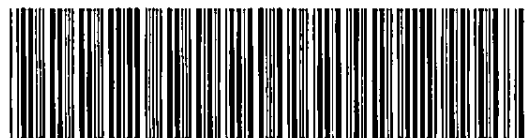
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 01 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEVERE WEATHER COVERAGE YOU CAN COUNT ON**

(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Crystal Broughan**

(Contact Person)

**Marks Gray, P.A.**

(Firm/Company)

**1200 Riverplace Boulevard, Suite 800**

(Address)

**Jacksonville, FL 32207**

(City, State and Zip Code)

For further information concerning this matter, please call:

**Crystal Broughan**

(Name of Contact Person)

at **(904) 807-2180**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:



\$50 Filing Fee and Certificate of  
Registration (Free of Charge)



\$102.50 Filing Fee, Certified Copy,  
and Certificate of Registration (Free  
of Charge)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF CHANGE OF NAME  
OF THE REGISTRANT OR APPLICANT OF A  
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: SEVERE WEATHER COVERAGE YOU CAN COUNT ON
2. Registration Number: T12000001058
3. Date of Registration: 10/26/2012
4. a. Name of owner as it appears on the trademark/service mark registration:  
POST-NEWSWEEK STATIONS FLORIDA, INC.  
b. Address of owner as it appears on the trademark/service mark registration:  
4 BROADCAST PLACE  
JACKSONVILLE, FL 32207
5. a. New name of owner:  
GRAHAM MEDIA GROUP FLORIDA, INC.  
b. New mailing address, if applicable:

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**SIGNATURE:**

Owner's Signature: \_\_\_\_\_

*[Signature]* P.O.A.

Typed/Printed Name of Person Signing: \_\_\_\_\_

*Crystal T. Broughan*

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me on this 17<sup>th</sup> day of October, 20 17

*Crystal T. Broughan*

(Enter Name of Person Signing Above)

☒ who is personally known to me or ☐ whose identity I

proved on the basis of \_\_\_\_\_

(Seal)

*Elizabeth A. Carter*

Notary Public's Signature



*Elizabeth A. Carter*

Notary Public's Printed Name

My Commission Expires: 3-22-2019

(Attach additional sheet if necessary)

Filing fee:

\$50.00

Certificate of Registration:

Issued Free of Charge

Certified Copy (optional):

\$52.50

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