(Requestor's Name)
(1141110)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHDI	ECT.	Secuit	ur Media,	ПС		
SUBJ			d Liability (			
				- · · · · · · · · · · · · · · ·		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office	Change and	fee(s) are s	submitted for filing.	
Please	e return all correspondence concernin	g this m	natter to the	following:		
	Justin S. Hemlepp					
	Name of Person					
	Seguitur Media, LLC					
	Firm/Company					
	10906 Sheldon Road					
	Address					
	Tampa, FL 33626					
	City/State and Zip Code					
	jhemlepp@gmail.com mail address: (to be used for future annual report					
E-	mail address: (to be used for future annual report	t notificati-	on)			
For fu	rther information concerning this ma	tter, ple	ase call:			
	-					
	Justin S. Hemlepp	at (	813 )		438-6103	
	Name of Person	** \_			ne Telephone Number	
	STREET/COURIER ADDRESS:		MAILI	NC ADDDE	ec.	
Registration Section			MAILING ADDRESS: Registration Section			
	Division of Corporations	ivision of Corporations Division of Corporations				
	Clifton Building P.O. Box 6327					
	2661 Executive Center Circle		Tallahas	see, Florida	32314	
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
	\$25 Filing Fee		\$55 Ei	ling Fee & (	Certified Copy	
	<b>y</b>   \$25 1 mig 1 00		الما دود السا	ing i co co v	common copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Sequitur Media, LLC
2. (a) Principal office address of limited liability company	10906 Sheldon Road
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33626
(b) Mailing address of limited liability company:	10906 Sheldon Road
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33626
March 16, 2007	L07000028766
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Justin S. Hemlepp
Registered Office Address:	2200 Seven Springs Blvd. Trinity, FL 34655
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address:
<b>NEW</b> Registered Agent:	Justin S. Hemlepp
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10906 Sheldon Road Tampa, FL 33626
,	,FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of an ember authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Justin S. Hemlepp Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address I havely confirm that the limited liability company	gree to act in this capacity Islant agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)