## 1170000008656

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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J. HARRIS

TO:	Registration Section Division of Corporations		·		
SUBJI	180 Media Marketing				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	is matter to the	following:		
Chris	tian Hill				
	Name of Person	*****	_		
180 N	Media Marketing				
	Firm/Company		<del></del>		
7801	Point Meadows Drive Apt 8407				
	Address				
Jacks	sonville, Florida 32256				
	City/State and Zip Code		<del>_</del>		
chill0	902@gmail.com				
Ē	-mail address: (to be used for future ann	ual report notif	ication)		
For fu	rther information concerning this matter,	please call:			
Cory	Sams	904 at (	537-1862		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHSI	8 (2/14)				

## 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	ame of the limited liability company:180 Media	Marketing LL	<u> </u>	
		(b)		١
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	":
	9727 Touchton Road Apt 1012	9727	Touchton Road Apt 1012	
	Jacksonville, Florida 32246	Jacks	onville, Florida 32246	
	1/11/2017	L17000	0008656	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
υ. (u)	Registered Agent and Registered Office shown on the records Anderson, Valerie N	of the Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	<del></del>	
	9727 Touchton Road Apt 1012			
•	Jacksonville	FL 32246		````````` .138
(b)	Hill, Christian L		APR	4.5 19 (1) 19 (1)
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:		
	Hill, Christian L		AM 9:	開発され
	NEW Registered Office Address:	,		
	7801 Point Meadows Dr Apt 8407			<del>7</del> ,
	Jacksonville	FL 32256		
Signal  I hereiprovisi the abl to mere notified	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cless of organization of the operating agreement of a function of a member or authorized representative of a member by accept the appointment as registered agent and cons of all statutes relative to the proper and complete igations of my position as registered agent as provingly reflect a change in the registered office address, in writing of this change.	of the registered off I liability company, is of the limited liability of the limited liability of the limited liability of	fice and the business office of the regis it is hereby confirmed that the change(sility company or as otherwise provided company.  LYIL HULLSUN  Printed or typed name of signee	tered s) in