**Entity Name:** POWER TO THE PUBLISHER LLC

**Current Principal Place of Business:**
2568 REGAL RIVER RD
VALRICO, FL 33596

**Current Mailing Address:**
2568 REGAL RIVER RD
VALRICO, FL 33596 US

**FEI Number:** 46-3432647

**Certificate of Status Desired:** No

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
BLATTERFEIN, MARK
2568 REGAL RIVER RD
VALRICO, FL 33596 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

**Authorized Person(s) Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>NAME</td>
<td>ADDRESS</td>
<td>CITY-STATE-ZIP</td>
</tr>
<tr>
<td>AUTHORIZED REPRESENTATIVE</td>
<td>BLATTERFEIN, LAWRENCE</td>
<td>10141 SOMERSBY DRIVE</td>
<td>RIVERVIEW FL 33578</td>
</tr>
<tr>
<td>COO</td>
<td>BLATTERFEIN, MARK</td>
<td>2568 REGAL RIVER RD</td>
<td>VALRICO FL 33596</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:**

Electronic Signature of Signing Authorized Person(s) Detail

Date 01/20/2022