## L02000004240

-	The fourthmedium  Website development · e-mail hosting · LLC
_	www.TFMLLC.COM
_	P.O. Box 1006 Lake Wales, Florida 33859-1006
_	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
—	(Business Entity Name)
_	(Document Number)
Cert	Copies Certificates of Status
Sr	Il Instructions to Filing Officer:
	Office Use Only



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## 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.

·		
1. The name of the limited liability	company is: The Fourth Medium, LLC	
2. The mailing address of the limit	ed liability company is : PO Box 1006	
Lake Wales, FL 33858-1006		
03/12/02	L02000006240	)
3. Date of filing/registration in Flor	rida 4. Document nun	nber
Florida Department of State:	and the registered office address as shown (	on the records of the
<del></del>	Name ST MAIN STREET	
AVON	Address PARK FL 33825 City, State and Zip	
6. The name and address of the new	v registered agent and/or office:	
LANDF	RY, KORY P	<u>.</u>
710 LIN	NDSEY PLACE	Ot M
Florida	street address (P.O. Box NOT acceptable)	NOV 22 PH 12:
LAKE V	FU	
confirmed that after the change or cand the business office of the regist liability company, it is hereby confi	City, State and Zip ot organized under the laws of the State of F changes are made, the Florida street address ered agent will be identical. Or, in the case irmed that the change(s) was/were authorized company or as otherwise provided in the ar ted liability company.	lorda, it is hereby of the registered office of a Florida limited d by an affirmative vote of
Kory Landry		
(Printed or typed name of signee)		
I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept to Chapter 608, F.S. Or, if this document address, I hereby confirm that the l	s registered agent and agree to act in this ca atuies relative to the proper and complete p the obligations of my position as registered a nent is being filed to merely reflect a change imited liability company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	<del></del>	

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

INHS18(10/99)