Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: TRIAD PROFESSIONAL SERVICES LLC COA Account Name

Account Number : I20080000085 Phone : (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

MAGIC BROADCASTING, LLC

Certificate of Status	0
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Corporate Fing MCL

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MAR - 3 2009



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(((H09000046911 3))) 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, th liability company submits the following statement in order to change its register agent, or both, in the State of Florida.	e undersigned limited ed office or registered
1. The name of the limited liability company is: Magic Broadcasting, LLC	
2. The mailing address of the limited liability company is : 7106 Laird Street, Suite	102
Panama City Beach, FL 32408	
05/15/2002 L02000011824	
3. Date of filing/registration in Florida 4. Document number	,
5. The name of the registered agent and the registered office address as shown on the Florida Department of State;	ne records of the
Jemes T, Milligan	<u> </u>
Name	<u>o</u> ≤
7108 Laird Street, Suite 102	VISION (
Address	≥ 02:
Panama City Beach, FL 32408	1
City, State and Zip	√ :
6. The name and address of the new registered agent and/or office:	OPMAR -2 AM 8: 45
Academia -	့
Scott Helms Name	
	5 🗒
2605 Thomas Drive, Sulte 150 Florida street address (P.O. Box NOT acceptable)	office
Fightal street sources (F.O. Box 1701 acceptable)	
Panama City Beach FL 32408 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Floriconfirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the art or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	te registered office Florida limited an affirmative vote
AND THE PROPERTY OF THE PROPER	
Scott Helms, Authorized Representative (Printed or typed mans of signes)	
I hereby accept the appointment as registered agent and agree to act in this capacit comply with the provisions of all statules relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agen Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in taddress, I hereby confirm that the limited liability company has been notified in wrise Scott Helms (Signature of Registered Agent)	ty. I further agree to marce of my duties, t as provided for in he registered office iting of this change.
District of Comments of Day 6217 Tellahassas El 22	314

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 FILING FEE: \$25.00

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