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SECRETARY OF STATE
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What also

COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: <u>frime lime Public Kelat</u> (Name of Limited	ions + Marketing d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Kurt Murphy Dame of Person)		
Prime Time Public Relations + Mar lete	- TAS 201	
4000 Hollywood Blud # 755-5	TAR ASS	
Hollywood FL 33021 (City/State and Zip Code)	AM II: 08 YOF STATE SEE, FLORIDA	
For further information concerning this matter, ple	ase call:	
(Name of Person) at ((Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified 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.
1. The name of the limited liability company is: Prime Time Public Relations + Marketing.
2. The mailing address of the limited liability company is: 4000 Holly weed Blud.
Hellywood, FL 33021
9113 104 4040000 67192
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 records of the Florida Department of State: Hung Handler Name 2255 (algebra 4218-A Address Boca Raton FL 33431 City, State and Zip
6. The name and address of the new registered agent and/or office: Kurt Murphy Name Yooo Hollywood Blvd 4755-5 Florida street address (P.O. Box NOT acceptable) Florida City, State and Zip OR OR OR OR OR OR OR O
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a number of authorized representative of a member) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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