LIGOOSLAGA

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ulCtata Min/Dhana	<u> </u>			
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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10:	Division of Corporations	•	Majo Majo		
SUBJI	MASS MEDIA DISTRIBUTI	ON LLC	Pá		
осци		ne of Limited	Liability Company		•
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	fice Change an	d fee(s) are submitte	ed for filing.	
Please	return all correspondence concerning the	is matter to th	e following:		
NICC	DLAS SIHA				
	Name of Person				
LEGA	ALINC CORPORATE SERVICES	INC.			
	Firm/Company	.,,, ., ., .,			
1735	0 STATE HIGHWAY 249				
	Address				
HOU	STON, TX 77064				
	City/State and Zip Code				
SUP	PORT@LEGALINC.COM			≱ sa	20
E	-mail address: (to be used for future and	nual report not	ification)	主	
For fur	ther information concerning this matter	, please call:		204 1 67) 75 430-20 17001	22
NICO	OLAS SIHA	713 at (478.1040	11 ex 11 cm	D IT
	Name of Person	~~	Area Code & Da	nytime Telephone Nun	iber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDREST Registration Section Division of Corporation Co. Box 6327 Callahassee, Florida 2	ons	~
	Enclosed is a check for the following	g amount:	•		
	■ \$25 Filing Fee		\$55 Filing Fee & Ce	rtified Copy	

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. N	ame of the limited liability company:	DISTRIBUTION	ILLC	
2. (a)	3350 RIVERWOOD PKWY	3350 RI	VERWOOD PKWY	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 1900	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUITE 1900		
	ATLANTA, GA 30339	ATLANT	A, GA 30339	
	09/01/2005	L0500008	36662	
 (a) 	Date of filing/registration in Florida USA-RA LLC	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the records of the S41 PRUDENTIAL DR.	he Florida Dept. of State	::	
	Registered Office Address 12TH FL	DDRESS)		
	JACKSONVILLE , FL	32207	2018	
(b)	LEGALINC CORPORATE SERVICES INC.			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	SOUTH NAME OF THE PARTY OF THE	
	5237 SUMMERLIN COMMONS			
	NEW Registered Office Address: SUITE 400			
	FORT MYERS , FL	33907		
the chagent was/w the art Signa I here provis the obto mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lature of a member or authorized representative of a member oby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided the proper and complete pligations of my position as registered agent as provided the proper and complete pligations of this change.	the registered office bility company, it is f the limited liability limited liability com NICOLAS SI	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. HA Printed or typed name of signee activ. I further agree to comply with the	
Signati	ire of Registered Agent			