A	1	
	$\Lambda I \wedge \Lambda $	-1 0hd
L	06000	50201

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

•

600316654946

AUG 13 2018 S. YOUNG

FILED 18 AUG TO PH 6: 36 SECRETAIN CENTATE TALLAHASSEE, FLORIDA

Office Use Only



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 8, 2018

Order#: 313970/001

Re: DAVISON PUBLISHING COMPANY, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
 <u>XX</u> Issue Proof of Filing.
 <u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

ω AUG 0 m PH ؿ မ္မ

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.

· -	•	of limited liability company: <u>STREET ADDRESS</u>)	(b)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	Maitland	FL 32751		
	05/26/2006		L06	6000056207
	Date of filing/regi	stration in Florida	4.	Document number
a)	C T Corporation System	ı		
	Registered Agent and Registered		of the Florida Dept.	of State:
	1200 South Pine Island F	Road		18
		IUST BE FLORIDA STREE	T ADDRESS)	
				ANA
	Plantation		FL <u>33324</u>	AllASSEE, F
				6
).	Corporation Service Com Entername of NEW Registered		rad Office oddrass:	
	Finer name of <u>source rectivered</u>		<u>restyllite agust</u> .	
	1201 Hays Street			
	NEW Registered Office Address	<u> </u>		
	Tallahassee		FL 32301	
	·			
				e of Florida, it is hereby confirmed that after d office and the business office of the register
t w	ill be identical. Or, in the	case of a Florida limited	liability compar	ny, it is hereby confirmed that the change(s)
	re authorized by an affirma			liability company or as otherwise provided in ity company
		herating agreement of t		
nati	ure of a member or authorized rep	presentative of a member	Jii Ciimi,	Authorized Person Printed or typed name of signee
reb	w accept the appointment a	s registered agent and a	igree to act in th de performance ded for in Chapt	is capacity. I further agree to comply with th of my duties, and I am familiar with and acce ter 605, F.S. Or, if this document is being file in that the limited liability company has been

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President

Division of Corporations

• P.O. Box 6327
• Tallahassee, FL 32314
FILING FEE: \$25.00

`.•