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PICK-UP WAIT MAIL		
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K.SALY EXAMINER MAR 25 2013

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 305 BROADCAST,	LLC		
Name of Limited 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 r	matter to the following:		
DAVID HATTON			
Name of Person			
DAVID L HATTON P.A.			
Firm/Company			
2960 WENTWORTH			
Address			
WESTON, FL 33442			
City/State and Zip Code			
dhatton@hattonlaw.com E-mail address: (to be used for future annual report notifica	tion)		
For further information concerning this matter, pl			
aı (786 373-8899		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following an	nount:		

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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. Name of the limited liability company: 305 BROADC.	AST, LLC
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	mpany: 1315 NW 98 CT. #10 DORAL, FL. 33172
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1315 NW 98 CT. #10 DORAL, FL. 33172
01/19/2007	4. Document number
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	DAVID HATTON
Registered Office Address:	150 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FLORIDA 33134
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW</u> Registered Agent:	or NEW Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2960 WENTWORTH
1	weston ,FL 33332
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chat the members of the limited liability company or as of the operating agreement of the limited liability comp	, the Florida street address of the registered office e identical. Or, in the case of a Florida limited inge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
ALFONSO LOPEZ Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree the proper and complete performance of my duties my position as registered agent as provided for in I to merely reflect a change in the registered office
Signature of Registered Agent	ompany nas been notified in writing of this chânge.

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