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EXAMPLER



## 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:	GoodRadio.TV Holdings, LLC	
2. (a) Principal office address of limited liability co	ompany: GoodRadio.TV Holdings, LLC	
(Note: MUST BE STREET ADDRESS)	717 South Flagler Drive, 272A #800 West Palm Beach, FL 33401	
(b) Mailing address of limited liability company	GoodRadio.TV Holdings, LLC	
(Note: MAY BE POST OFFICE BOX)	TY South Flagler Drive, # #600 West Palm Beach, FL 33401	
07/25/2007	L07000076592	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:	
Registered Agent:	Lapidus, Steven B	
Registered Office Address:	c/o Greenberg Traurig, P.A.  1221 Brickell Ave.  Miami, FL 33131 US	
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :  NEW Registered Office Address:	Dean Goodman  GoodRadio.TV Holdings 41C	
(MUST BE FLORIDA STREET ADDRESS	South Flagler Drive, 21 4 600 West Palm Beach 33401	
If the limited liability company is not organized und 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 chaof the members of the limited liability company or a or the operating agreement of the limited liability co	, the Florida street address of the registered office	
Signature of a member or authorized representative of a member		
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 confirmature of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.	

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