108000074157

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

Office Use Only



700254932907

12/26/13--01013--008 **25.00

SECRLIARY OF STATE ALLAHASSEE, FLORIDA

13 DEC 26 PH 12: 3

JAN - 2 2014

T. BROWN

COVER LETTER

Division of Corporations		
Strive Media Inno	vations,	LLC.
Name of Li	mited Liabilit	y Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to th	ne following:
Dayne Ford		
Name of Person		
Strive Media Innovations	, LLC	
Firm/Company		
5254 Station Way		
Address		•
Sarasota, FL 34233		
City/State and Zip Code		•
Dayne@strivemedia.net		
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter	, please call:	
Dayne Ford	_{at (} 941	4006250
Name of Person	\	rea 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	g amount:	
☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

Sec. 7 . . .

TO: Registration Section

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: Strive Media Inn	ovations, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Ste 201 Sarasota, FL 34234
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5104 N Lockwood Ridge Rd Ste 201 Sarasota, FL 34234
08/01/2008	L08000074157
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown Registered Agent:	on the records of the Florida Dept. of State:
Registered Office Address:	5104 N Lockwood Ridge Rd Ste 201 Sarasota, FL 34234
(b) Enter name of NEW Registered Agent and/or !	NEW Registered Office address:
NEW Registered Agent:	Dayne Ford
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5254 Station Way Sarasota "FL 34233
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang the members of the limited liability company or as othe the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he laws of the State of Florida, it is hereby e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Dayne Ford Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in
address, I hereby confirm that the limited liability comp	pany has been notified in writing of this change.

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

Signature of Registered Agent