## Losgoogourg

(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:						

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GEORGIAGY OF JUNEAU
TAIL A HASSEE, FLORIDA

B. BOSTICK

SEP 2 0 2013 EXAMINER COVER LETTER

TO:	Registration Division of		ions						
SUBJ	JECT:	TV	Name of	L C	iability Co	ompany			
Dear	Sir or Madam	:							
The e	nclosed Regis	stered Ag	ent/Registered	Office Cha	nge and fo	ee(s) are submi	tted for	filing.	
Please	e return all co	rrespond	ence concernin	ng this matte	er to the fo	llowing:			
	Eric	Sor Name of	e/stcin f Person		·				
	TV	No-	ompany						
		Firm/C	ompany		<del></del>				
	5346	Pen	way D/	ise					
	O/laro	City/State a	32814 nd Zip Code N	cil. Corr	<del></del>			TALLAHASSEE, FLO	2013 SEP 19 AM 10:
	۶/۱۷ Sa	ما مرد ا	. ,	•		373-3930	_	70	0:28
		of Person	160	at (		ode & Daytime Tele		nber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 3231	4			
	Enclosed is	a check	for the follow	ving amoun	t:				
☐ \$25 Filing Fee					□ \$55 Filing Fee & Certified Copy				

## 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.

I. Name of the limited liability company:	Now LL C						
2. (a) Principal office address of limited liability con ( <i>Note: MUST BE STREET ADDRESS</i> )	npany: 5346 Penmay Drive						
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5346 Pennay Dive 0/1000, FL 32814						
912008	10800009048						
3. Date of filing/registration in Florida	4. Document number 1 18 00009 0448						
5. (a) Registered Agent and Registered Office show							
Registered Agent:	Good Copperster Registered Agention						
Registered Office Address:	DOOD FOR BOARD Mioni FLB3131						
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>							
NEW Registered Agent:	Elic Sapersteize &						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)							
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 char the members of the limited liability company or as of the operating agreement of the limited liability compa	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of nerwise provided in the articles of organization or						
Signature of a member or authorized representative of a member	<u> </u>						
Eric Saferstein							
Printed or typed name of signee  I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmature of Registered Agent	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.						

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



September 9, 2013

ERIC SAPERSTEIN 5346 PENWAY DRIVE ORLANDO, FL 32814

SUBJECT: TV NOW, LLC Ref. Number: L08000090448

We have received your document for TV NOW, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 413A00021191

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