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

D. BRUCE

SEP 0 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: US Media International LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning this ma	atter to the following:		
The vesa fetruzzelli Name of Person			
US Media Internation	onal	•	
102 NE 2 NO Street		11 SEP -	
Boca Raton, FL 33	3432	SEE FIND	
Horesab Dusmedia E-mail address: (to be used for future annual report notification)		AIE.	
For further information concerning this matter, plea	se call:		
the Vesco letruzzelli at (Sol.) 756-3974 Name of Person at (Sol.) 756-3974 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	ру	

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. liability company submits the following statement in ord agent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: <u>US Med</u>	ia International LLC
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	Suite 208 Boca Raton, FC 33432
(b) Mailing address of limited liability company:	102 NE 2 NO Street
(Note: MAY BE POST OFFICE BOX)	Suite 208 Boca Raton, FC 33432
3/24/2009 3. Date of filing/registration in Florida	<u>L09000028807</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	The resa Petruzzelli
Registered Office Address:	One South Ocean Blod.
	Book Ration, FC 33432
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	102 NE 2 ND Street Suite 208 Boca Ration, FL 33432
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proposition of the provisions of all statutes relative to the proposition of the limited liability company. Signature of Registered Agent Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00