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Office Use Only



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C. LEWIS

AUG - 6 2010

EXAMINER

## **COVER LETTER**

<b>V V V V V V V V V V</b>	144
TO: Registration Section Division of Corporations	
**************************************	
SUBJECT: BRACKUS	MEDIA GROUP
Name o	of Limited Liability Company
**	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
· · · · · · · · · · · · · · · · · · ·	
Name of Person	
7 Name of Person	
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BRACKUS MEDIA BROWP Firm/Company	
Firm/Company	e British and a second of
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875 LENMORE C+	
Address	
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ORLANDO FL 328(Z City/State and Zip Code	
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DAVIS PRIM O CARRENTA	<i>I</i> . •
E-mail address: (to be used for future annual repo	ort notification)
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For further-information concerning this m	atter, please call:
1	
1/ANIEL OPTIZ	at ( 305 ) 282.9992
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	wing amount:
X \$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.

1. Name of the limited liability company: BIZACHU	15 MEDIA BRUNP LLC
2. (a) Principal office address of limited liability company:	: 875 LENHORE CT
(Note: MUST BE STREET ADDRESS)	OBLANOU, FC 32812
(b) Mailing address of limited liability company:	875 LENMORE CH
(Note: MAY BE POST OFFICE BOX)	DRLANDO, FL 32812
3. Date of filing/registration in Florida	L 09000062656  4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. or tate: 🚕
Registered Agent:	COPPORATION Service Company =
Registered Office Address:	TAUAHASSEE FL 3230 5
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	875 LENMORE C+ ORLANDO, FL 328/2
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fleand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  ANIEL OF 12  Printed of typed name of signee	aws of the State of Florida, it is hereby orida street address of the registered office
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and agept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	aree to act in this canacity. I further agree to

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

Signature of Registered Agent