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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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T. HAMPTON EXAMINEF

COVER LETTER

TO: Registration Section Division of Corporations		
CIDIECE.	Grind Media LLC	
	Limited Liability Company	
	,	
Dear Sir or Madam:	,	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	, <u> </u>	
	n	
Dhillin Danel		
Phillip Beard Name of Person		
	•	
·	ı	
Grind Media LLC		
Firm/Company	· .	
13720 Orange Sunset Dr., Unit	202	
Address		
•		
Tampa, FL 33618	•	
City/State and Zip Code		
• •		
satchelpatch@gmail.com		
E-mail address: (to be used for future annual report n	notification)	
For further information concerning this matt	toe inlance calls	
Tot further information concerning this mate	or, prease carr.	
· ;		
Phillip Beard	at (501) 940-4004	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Clifton Building		
2661 Executive Center Circle		
Tallahassee, Florida 32301	ranunussee, 1 toriuu 32514	
Enclosed is a check for the following	ng amount:	
\$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. Grind Media LLC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: 4005 West Mullen Ave. Tampa, FL 33609 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9/14/2009 L09000088886 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: William Freitas 4005 West Mullen Ave. Registered Office Address: Tampa, FL 33609 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Phillip Beard NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered of the and the business office of the registered agent-will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative gots of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member

William A. Freitas

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Printed or typed name of signee