## L09000098875

	(Red	questor's Name	<del>?</del> )	_
	(Add	dress)		
	(Add	dress)		
	(City	y/State/Zip/Pho	ne #)	
PICK-	UP	☐ WAIT	MAIL	
			,	
	(Bus	siness Entity Na	ame)	
	(Dod	cument Numbe	r) ; ;	
Certified Copies		Certificate	es of Status	_
<u> </u>			. 1 .	
Special Instructio	ns to f	Filing Officer:		

Office Use Only



300162171163

11/09/09--01048--012 \*\*25.00

DIVISION OF CORPORATIONS

19 NOV -9 AHII: 21

B. KOHR

NOV 1 3 2009

**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT:	Lakay Media, LLC
	of Limited Liability Company
Dear Sir or Madam:	of Limited Liability Company
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to the following:
Ann M. Bittinger Name of Person	
The Bittinger Law Fir	<u>m</u>
13500 Sutton Park Drive South	h Suite 201
Jacksonville, FL 3222 City/State and Zip Code	24
ann@bittingerlaw.co	m port notification)
For further information concerning this	matter, please call:
Ann Bittinger	at ( 904 ) 821-9000
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 follo	owing amount:
S25 Filing Fee	S55 Filing Fee & Certified Conv

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:	Lakay Media, LLC	
2. (a) Principal office address of limited liability company	: 6817 Southpoint Parkway	
(Note: MUST BE STREET ADDRESS)	Suite 604  Jacksonville, FL 32216	
(b) Mailing address of limited liability company:	6817 Southpoint Parkway	
(Note: MAY BE POST OFFICE BOX)	Suite 604  Jacksonville, FL 32216	
10/12/09	L09000098875	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Andre, Wille	
Registered Office Address:	6817 Southpoint Parkway Suite 604 Jacksonville, FL 32216	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	
NEW Registered Agent:	Ann M. Bittinger, Esq.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	The Bittinger Law Firm 13500 Sutton Park Drive South, Ste. 201 Jacksonville ,FL32224	
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 ident 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	lorida street address of the registered office	
Wille Andre 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 pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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