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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section **Division of Corporations** TAXI TOP MEDIA, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Clark J. Davis Name of Person TAXI TOP MEDIA, LLC Firm/Company 230 Truck and Trailer Way Address West Palm Beach, Florida 33413 City/State and Zip Code jdavis@yellowcabflorida.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clark J. Davis Name of Person 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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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. Na	me of the limited liability company: TAXI TOP MEDIA, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	230Truck and Trailer Way West Palm Beach, Florida 33413	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	230Truck and Trailer Way West Palm Beach, Florida 33413	
01/06/20	10	L10000001594	
3. Da	te of filing/registration in Florida	1. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	Clark J. Davis	<u>-</u>
	Registered Office Address:	1850 SE 17th Street Fort Lauderdale, Florida 33316	14: 3 SI
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office ad	P-9 PM
	NEW Registered Agent:	Clark J. Davis	<u> </u>
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	230Truck and Trailer Way	RIDA :
		West Palm Beach	,FL_33413
confir and th liabilit the me the op	limited liability company is not organized under the la med that after the change or changes are made, the Flate business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise reating agreement of the limited liability company.	orida street address of the	ne registered office Florida limited
-	,		
Printed	Davis or typed name of signee	-	
I here compl and I i Chapt addre.	by accept the appointment as registered agent and agent with the provisions of all statules relative to the proam familiar with and accept the obligations of my poser 618, Fr. Or if this document is being filed to merss, Thereby confirm that the limited liability company	gree to act in this capac per and complete perfo ition as registered ager vely reflect a change in t has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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