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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ			dvertising II			
	Name o	Limited	Liability Comp	pany		
Dear !	Sir or Madam:		·			
The e	nclosed Registered Agent/Registered	Office (Change and fee(s	s) are submitted for filing.		
Please	e return all correspondence concernit	ng this m	atter to the follo	wing:		
	_					
	James Egan Name of Person		· · · · · · · · · · · · · · · · · · ·			
	Name of Terson					
		_				
	Platinum Advertising II LLC Firm/Company					
	· ····· · · · · · · · · · · · · · · ·					
	200 C. Durana Ava Cuita 101					
	300 S. Duncan Ave Suite 191 Address					
Clearwater Florida 33755						
-	City/State and Zip Code					
	jegan@platinumadvertising!l	c.com				
Е	-mail address: (to be used for future annual repo	rt notificatio	n)			
For fu	orther information concerning this ma	atter, plea	ase call:			
	James Egan	at (727)	443-5466		
	Name of Person		Area Code a	& Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING A	ADDRESS:		
	Registration Section		Registration S			
	Division of Corporations		Division of C			
	Clifton Building 2661 Executive Center Circle		P.O. Box 632 Tallahassee, I			
	Tallahassee, Florida 32301	•	rananassee, i	101144 52514		
	Enclosed is a check for the follow	ving amo	ount:			
	\$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:	Platinum Advertising II LLC			
2. (a) Principal office address of limited liability compa	ıny: James Egan			
(Note: MUST BE STREET ADDRESS)	300 S. Duncan Ave Suite 191 Clearwater Florida 33755			
(b) Mailing address of limited liability company:	James Egan			
(Note: MAY BE POST OFFICE BOX)	300 S. Duncan Ave Suite 191 Clearwater Florida 33755			
02/04/2010	L10000013682			
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:	William Siveter			
Registered Office Address:	530 Gulf View Blvd #404 Clearwater Beach Florida 33767			
	Clearwater Beach Florida 33707			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	EW Registered Office address: James Egan 300 S. Duncan Ave			
(MUST BE FLORIDA STREET ADDRESS)	Suite 191 Clearwater Beach ,FL 33755			
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 office 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 formative vote 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 James Egan Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Turning 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 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$25.00				