L11000005756

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. CLINE
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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: COLLINS MEDIA LL | C Limited Liability Company) |
| (Name of L | Emitted Elability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | ce Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| Eric Burns | |
| (Name of Person) | 20 S S |
| Legalzoom.com, Inc. | SECRETAR) ALLAHASSI |
| (Firm/Company) | AR) JSS |
| 100 West Broadway Blvd. | RETARY OF STA AHASSEE, FLOR |
| (Address) | OR R |
| Glendale, CA 91210 | TE IDA |
| (City/State and Zip Code) | |
| For further information concerning this matter, p | please call: |
| Eric Burns | (323) 962-8600 x7310 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following a | mount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

INHS18 (5/08)

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: COLLINS MEDIA LLC | | |
|--|---|--|
| 2. (a) Principal office address of limited liability company | 1172 ISLAND SHORE LANE #212 | |
| (Note: MUST BE STREET ADDRESS) | HEATHROW FL 32746 US | |
| (b) Mailing address of limited liability company: | 1172 ISLAND SHORE LANE #212 HEATHROW FL 32746 US | |
| (Note: MAY BE POST OFFICE BOX) | HEALTHOUNTE 37/40 US | |
| 01/13/2011 | L11000005756 | |
| 3. Date of filing/registration in Florida 4 | . Document number | |
| 5. (a) Registered Agent and Registered Office shown on the | | |
| Registered Agent: | DAVE SHAWGO | |
| Registered Office Address: | 927 GOLF VALLEY DRIVE APOPKA FL 32712 US | AR I |
| | | S 5 5 F |
| (b) Enter name of NEW Registered Agent and/or NEW | Registered Office address: | OF SIZE |
| NEW Registered Agent: | United States Corporation Age | ints, Inc. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 13302 Winding Oaks Blvd., Suite A-100 | |
| MOST DE L'ECRIDA STREET ADDRESS | Tampa ,FL3 | 3612-3425 |
| If the limited liability company is not organized under the la that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. | address of the registered office and se of a Florida limited liability com an affirmative vote of the member | I the business pany, it is s of the limited |
| (Signature of a member or admorized representative of a member) | | |
| Dave Shawgo, Member | | |
| (Printed or typed pane of signce) | | |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prop am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a ch confirm that the limited liability company has been notified in | ree to act in this capacity. I furthe per and complete performance of m is registered agent as provided for nange in the registered office addre in writing of this change. | r agree to ny duties, and I in Chapter 608, ess, I hereby |
| Jake Varghese. Vice Presider (Signature of Service Agent) | | |
| Division of Corporations, P.O. Box 6 | 327, Tallahassee. FL 32314 | |

FILING FEE: \$25.00

INHS18 (05/08)