

41 0000 20968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

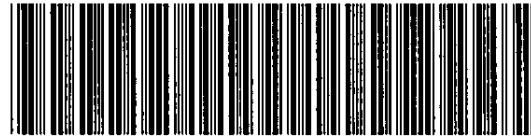
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 18 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flight Risk Radio 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:

Mathias Judd

Name of Person

Flight Risk LLC

Firm/Company

1601 Meadow St

Address

Wildwood, Fl 34785

City/State and Zip Code

mathias@flightriskradio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mathias Judd

Name of Person

at (727)

5042423

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2012 SEP 17 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Flight Risk Radio LLC

2. (a) Principal office address of limited liability company: 5478 Blue Heron Ln

(Note: MUST BE STREET ADDRESS)

Wesley Chapel, FL 33543

(b) Mailing address of limited liability company: 5478 Blue Heron Ln

(Note: MAY BE POST OFFICE BOX)

Wesley Chapel, FL 33543

08/14/2012

3. Date of filing/registration in Florida

L11000020968

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

David Campos

Registered Office Address:

350 74th Ave N

#350

St. Petersburg, FL 33702

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Mathias Judd

NEW Registered Office Address:

1601 Meadow St

(MUST BE FLORIDA STREET ADDRESS)

Wildwood, FL 34785

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 affirmative 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.

David Campos
Signature of a member or authorized representative of a member

David Campos

Printed or typed name of signer

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.

David Campos
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00