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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

DEC 2.7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FNCTVWEB, Name of Limited L	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	
Troube rotati un correspondence concerning uns matt	er to the following.
Paul Szott	·
Name of Person	•
5510 KENMORE LN Firm/Company	
Firm/Company	
ORLANDO, FL 328	39
Address	
11.CA	2012 DE Segre Pallai
City/State and Zip Code	DEC 26 CRETAR) LAHASSI
HOBROADCASTER QUE ho	[17]
HDBROARCASTER Gyahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	
Paul Szott at (4)	07) 432 7216
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 amoun	nt:
■ \$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: FNCT	VWEB, LLC
(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	802 A Sterthaus DR ORMOND BEACH, FL 32174
02/22/2011	L11000022471
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:	Corporation Service Compan
Registered Office Address:	TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address
NEW Registered Agent:	Paul Szort En S
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	STIOKE NMORE SIN OF THE ORIANDO FL 328 3
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the businest office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	laws of the State of Florida, it hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Signature of a member or anthorized representative of a member	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of all statutes relative to the providing and I am familiar with and accept the obligations of my pochapter 608, F.S. Dr. I his document is being filed to me address, I hereby confirm that the limited liability companions of Registered Agent Division of Corporations, P.O. Box 63	

FILING FEE: \$25.00

INHS18 (05/08)