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SECRETARY OF STATE

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COVER LETTER

	tration Section , on of Corporations	* · · · · · · · · · · · · · · · · · · ·	er t		
SUBJECT: _	ALTEZNATIVE MEDIA	INTEZNATIONAL	UC,		
Name of Limited Liability Company					
Dear Sir or Ma	adam;				
The enclosed I	Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return a	all correspondence concerning this matter to t	the following:			
Coopen FACOS E-mail a	Name of Person Firm/Company 621ffin Rd Sulfg Address City fl 33328 City/State and Zip Code ta @ Amicitus _ com ddress: (to be used for future annual report not formation concerning this matter, please call:	otification)	TO JUN -2 M 10: 27 SECRETARY OF STATE TAILAHASSEE, FLORIDA		
FRANCI		54, 655-3121			
	Name of Person	Area Code & Daytime Telephone	Number		
Regist Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle massee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

r tortaa,	
1. Name of the limited liability company: ALTERNATIVE MELIA	International LLC
	GRIFFIN RE Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Suite B-103 Suite	B-103
(00pf2 city fl 33328 (00)	per city FL 33328
03/16/2011 L	11000032369
3. Date of filing/registration in Florida 4.	Document number
5. (a) F85 P20JFCTS CO2P	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
1920 N COMMETCE PATKWAY	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
<u> svite 1920-3</u>	TAL TAL
WESton FL 33326	
(b) FRANCISCO ACOSTA	LE -2 SSEF
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
-	
10620 GRIFFIN Rd SUITE B-103	27 110A
NEW Registered Office Address:	-
Cooper City	
,	
, FL 33326	
If the limited liability company is not organized under the laws of the State of Flo 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 the articles of organization or the operating agreement of the limited liability com-	company or as otherwise provided in an
$M \sim M$	
Signature of amember or authorized representative of a member	DCES CO ACOSTA Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capa	acity I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my of the obligations of my position as registered agent as provided for in Chapter 605 to merely reflect a change in the registered office address, I hereby confirm that notified in writing of this change	luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signature of Registered Agent	