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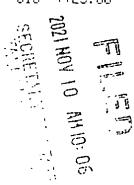
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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| | Q. SILAS | |
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Office Use Only



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COVER LETTER

| | ration Section on of Corporations | | , |
|------------------------------|--|------------------|--|
| SUBJECT: | M Advertising LLC | | |
| <u></u> | Name | of Limited Lia | ibility Company |
| Dear Sir or Ma | dam: | | |
| The enclosed R | egistered Agent/Registered Office | e Change and f | cc(s) are submitted for filing. |
| Please return a | ll correspondence concerning this | matter to the fo | ollowing: |
| Patrick Ghazaria | | | |
| , , | Name of Person | | - |
| | Firm/Company | | _ |
| 1340 Glenwood | Rd #18 | | |
| | Address | | _ |
| Glendale, CA 91 | | | |
| | City/State and Zip Code | | • |
| patrickghazarian | @gmail.com | | |
| E-mail ad | dress: (to be used for future annua | I report notific | ation) |
| For further info | rmation concerning this matter, pl | ease call: | |
| Patrick Ghazaria | n | 818 | 326-2496 |
| | Name of Person | (| Area Code & Daytime Telephone Number |
| Registi Divisio P.O. B | g Address: ration Section on of Corporations ox 6327 ussee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclose | ed is a check for the following an | nount: | |
| = \$25 1 | 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 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

| 1. | Na | une of the limited liability company: PM Advertising LI | I.C | | | |
|------------------------|------------------|--|----------------------------------|------------------------|--------------------------------------|--|
| 2. (| a) | 3701 JEFFERSON COMMONS DR | (b) 3701 JEFFERSON COMMONS DR | | | |
| (| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - | (17) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | #301 | | į | #301 | |
| | | TAMPA, FL 33613 | _ | , | ТАМРА, | FL 33613 |
| | | 06/02/2011 | | L | 11000064 | 1331 |
| 3. | | Date of filing/registration in Florida | 4, | | | Document number |
| 5. (| a) | UNITED STATES CORPORATION AGENTS, INC. | | | | |
| (| , | Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD | u Flori | da D | ept. of Sta | ate: |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 36 | | | | _ |
| | | ORLANDO FL3 | 32822 | | | · - |
| (b) | | Enter name of NEW Registered Agent and/or NEW Registered Office address: 3701 JEFFERSON COMMONS DR NEW Registered Office Address: | | | 2021 MOV TO ATHO: 06 | |
| | | #301 | | | - | - 200 |
| | | Tampa .FL. | 3613 | | | · _ |
| chan agen was/ | ge Ew we: | mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li | s of the egister oility co | red omp omp nite | office ar bany, it i d liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | / | h 1 | Pat | rick | Ghazaria | in |
| # | nati | are of a member or authorized representative of a member | | | | Printed or typed name of signee |
| provi the o to m | sio bli re | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided it reflect a change in the registered office address. I he in writing of this change. | erform for in | iane Cha | æ of my mier 60 | duties, and I am familiar with and accept 5 F.S. Or if this document is being filed. |
| Signa | diri | e of Registered Agent | | | | |
| | | Division of Corporations• P.O. Bo | ox 632 | 7∙ | Taílaha | ssee, FL 32314 |

FILING FEE: \$25.00