L11000024345

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ãd | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | · WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500276496445 L11- 24345

08/27/15--01022--020 **25.00

RA Change



SEP -2 2015 N. CAUSSEAUX

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| SUBJECT: MIALA MEDIA GROUP 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: | | | | | | | | |
| MARC KING Name of Person | | | | | | | | |
| Firm/Company | | | | | | | | |
| 718 NE 5th AVE Address | | | | | | | | |
| FORT LAUDER DALE, FL 33304 City/State and Zip Codd | | | | | | | | |
| MARC, AND REW. KING & GMAIL. COM E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| MARC KING at (786) 303-7638 | | | | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | | | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | | | | | | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | | | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| △ \$25 Filing Fee | | | | | | | | |

INHS18 (2/14)

☐ \$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 | me of the limited liability company: MIALA I | MEDI | A 61 | 200P | | |
|-------------------|----------------|---|------------------------|--------------------------|-------------------------------------|---|--|
| 2. | | 718 NE 5 ¹² AVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (b) | 71 | B NE Mailing address o | of limited liability compa | • |
| | | FORT LANDERDALE, FL 33304 | | FORT | LAUDER | DALE, FL 3° | 330¥ |
| | | 06/27/11 | | 411 | 0000 | 74345 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document nu | | |
| 5. | (a) | JORGE SEDANO | | | | | |
| | ` , | Registered Agent and Registered Office shown on the records of the | e Florida E | Dept. of State | : :: | | |
| | | 5230 SW 195 TERRACE | E | | | • | |
| | | Registered Office Address (MUST BE FLORIDA STREET AD | DDRESS) | | | -100 th | |
| | | | | | | 言言 | |
| | | SOUTHWEST RANCHES ,FL | 333 | 32 | | 2 | THE STATE OF THE S |
| | | | | | • | <u> </u> | |
| | (b) | MARC KING | | | | | ري - |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> | ffice addr | ress: | | ORT | |
| | | 718 NE 5th AVE | | | | | |
| | | NEW Registered Office Address: | | | | W. | |
| | | | | | | | |
| | | | | | - | | |
| | | FORT LAUDER DALE ,FL | 33 | 304 | | | |
| , . | | | | | | | |
| | | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the | | | | | |
| | | vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of | | | | | |
| the | arti | cles of organization or the operating agreement of the li | mited lia | ability con | ipany. | | aca iii |
| V_{\perp} | <u>/_</u> | An | | MA | RC KI | d name of signee | |
| £. | | the offa member or authorized representative of a member | | | | | |
| I I pre | ierel oviși | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he | e to act i erformai | n this cap nce of my | acity. I furthe duties, and I d | er agree to comply v am familiar with an | with the d accept |
| the | e opt myre | igations of my position as registered agent as provided by riflect a change in the registered office address. I he | főr in Cl ereby cor | haptër 605 nfirm that | i. F.S. Or, if i the limited lid | this document is bei ability company has | ng filed been |
| / ^{np} / | ij ei | Myliting of this change. | • | | | - • • | |
| Sig | gratui | of Registered Agent | | | | | |
| | \vee | | | | | | |