Florida Department of State

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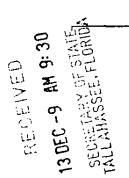
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LLC REGISTERED AGENT CHANGE AMPIRA MEDIA, LLC

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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.	Nai	me of the limited liability company:	AMPIRA MEDIA, LLC
2.	(a)	Principal office address of limited liability company	20423 SR 7
		(Note: MUST BE STREET ADDRESS)	SUITE 136 BOCA RATON, FL 33498
	(b)	Mailing address of limited liability company:	20423 SR 7 🕟 😽
		(Note: MAY BE POST OFFICE BOX)	SUITE 136 BOCA RATON, FL 33498
		06/15/2012	L12000079804
3.	Dat	e of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of			•
		Registered Agent:	The Law Offices of Nick Spradlin, PLLC
		Registered Office Address:	13007 W LINEBAUGH AVE SUITE 101 TAMPA FL 33626
(b) Enter name of NEW Registered Agent and/or NEW Registered Office a		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
		NEW Registered Agent:	Registered Agents Inc.
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3030 N. Rocky Point Dr. STE 150A
			Tampa ,FL 33607
con and lia	nfiri d the bilit	imited liability company is not organized under the lead that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
	1	e of a member or authorized representative of a member Stally Authorized representative of a member of typed name of signee	-
III con an Ch	nere mpl d I d apte dres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro ym familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Dan Keen-President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00