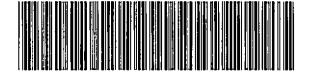
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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
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	cument Number)	
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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? Kiuzek

COVER LETTER

TO: Registration Section Division of Corporations						
FITNESS BROADCASTING COMPANY, LL. SUBJECT:	.c					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter t	o the following:					
Giancarlo Chersich						
Name of Person						
Empowered Media, LLC						
Firm/Company						
2520 Coral Way. Suite# 2372						
Address						
Miami, FL 33145						
City/State and Zip Code						
caa@empoweredmedia.us						
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please ca	11:					
Cathleen Aller 30 at (5 900-7063					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
■ \$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 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.

I. N	ame of the limited liability company: FITNESS BROA	DCASTIN	G COMPA	NY, LLC			
2. (a)		(b)				. <u>-</u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2520 Coral Way, Suite# 2372						
	Miami, FL 33145						
	02/25/2013	1	.130000294	431			
3.	Date of filing/registration in Florida	4.		Document num	nber	•	
5. (a	COGENCY GLOBAL INC.						
5. (a)	Registered Agent and Registered Office shown on the records of	ee:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	115 North Calhoun St., Suite 4						
	Tallahassee , FI	32301		_	202 SE: T.		
(b)	Empowered Media LLC				2020 MAR - 9 SECREALA TALLAHA	H	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_	(0)			
				_	PM I		
	NEW Registered Office Address:	ddress:		_ : 34 F-34			
	2520 Coral Way, Suite# 2372			_			
	Miami, Fl	33145 L					
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered ability con of the limit c limited lia	l office an ipany, it is ed liabilit	d the business of the business of the confirming of a company or a npany.	office of the reg med that the cha	istered inge(s)	
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee			
I hero provis the ob to me	ehy accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	' performai	ice of my i	duties, and I an	n familiar with c	ınd accept	
Signat	ure of Registered Agent						