Division of Corporations

Page 1 of 1

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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 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. N	ame of the limited liability company: Oxvision Me	dia, Ll	<u>.c</u>			_
2. (a)			(b)			
	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited flability co- (Note: MAY BE POST OFFICE I		
	4001 Tamiami Trail North, Suite 250		P. O.	Box 2218		
	Naples, FL 34103	_	Orland	d Park, IL 60462		- -
	7/25/2013		L13000	105671		
3.	Date of filing/registration in Plorida	- 4,		Document number		_
5. (a)	Registered Agent and Registered Office shown on the records of Sally P. Oxley Registered Office Address (MUST RE FLORIDA STREET)			State:		
		3300			16	_;
(b)	Enter name of NEW Registered Agent and/or NEW Registered				UN 28 AM	AT LATINUTED OF
				_	ڥ	1
	4001 Tamiami Trail North, Suite 250				22	
the ch agent was/w the art	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited i were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized septementative of a member	f the re iability of the l limite	he State of gistered off company, lmited liab d liability o	fice and the business office of the it is hereby confirmed that the chility company or as otherwise procompany. Lyis Oxygen	registere ange(s) wided in	_
	ofe of Registered Agent					
If the the chagent was/withe art	Registered Agent and Registered Office shown on the records of Sally P. Oxley Registered Office Address (MUST RE FLORIDA STREET 301 Nautilus Court Fort Myers , Fi Enter name of NEW Registered Agent and/or NEW Registeres Dennis C. Brown NEW Registered Office Address: 4001 Tamiami Trail North, Sulte 250 Naples , Fi imited liability company is not organized under the latange or changes are made, the Florida street address of will be Identical. Or, in the case of a Florida limited inverse authorized by an affirmative vote of the members ticles of organization or the operating agreement of the appointment as registered agent and agriculty of a member of a	3410 ws of the reinstellimite tree to the perfored for inhereby	he State of gistered of company, imited liab d liability of mance of n Chapter to confirm the	Florida, it is hereby confirmed the fice and the business office of the it is hereby confirmed that the chility company or as otherwise procompany. Aris X/V Aris of the figure of signed that the company capacity. I further agree to company duties, and I am familiar with 605, F.S. Or, if this document is that the limited liability company here	at afteregis	er sterestere (s)

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

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