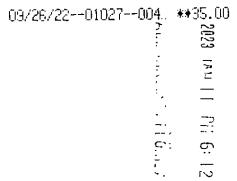
L13000115991

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 12 S. PRATHE

COVER LETTER

TO:	TO: Registration Section Division of Corporations								
SUBJECT:		Florida	reyı	media,	ш				
			Nan	ne of Limited I	iability Company				
Dear S	ir or Madam:								
The en-	closed Registered	l Agent/Regis	tered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all corresp	ondence conc	erning th	is matter to the	following:				
	Richa	rd Lope Name of Pers	on and						
	8 30	Firm/Compar		(Cran	<u> </u>				
	Svyar la Cit	Address Paf key y/State and Zi	F L p Code	33042					
E	mail address: (to	be used for f	uture ann	ual report notif	ication)				
	ther information			•					
		f Person		at (_ ? 18	3 48 - 10 + 1 Area Code & Daytime Telephone Number Street Address: Registration Section				
	Division of Co P.O. Box 6327 Tallahassee, F	rporations			Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a cl	heck for the f	ollowing	amount:					
	☐ \$25 Filing Fe	ee		C. \$	55 Filing Fee & Certified Copy				

INHS18 (2/14)



December 28, 2022

FLORIDA KEYS MEDIA, LLC 830 CRUNE BLVD (Orane Blvc) SUGARLOAF KEY, PL 33042

SUBJECT: FLORIDA KEYS MEDIA, LLC

Ref. Number: L13000115991

We have received your document for FLORIDA KEYS MEDIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 822A00028937

022 JAY 1 PH 12: 36

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.

2. (a)	1109 Hudson Lune	(b)	P.O. BOX 4	P.O. BOX 4808		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Monroe, LA 11201	. <u> </u>	Monrue LA	71211		
	8/12/13		L 13000 115 991			
3	Date of filing/registration in Florida	4.	Document number			
5 (a)	Richard Klitenick					
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:			
	1009 Simontun Street			Τ	202	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		· · · · · ·	<u></u>	
	-			;		
				71,		
	key West	1 33040	<u>) </u>	·	79	
(b)	Richard Lopes			ES HOSE	0023 JAN 11 PN 6: 1	
	Finter name of NEW Registered Agent and/or NEW Registere	d Office address:		,	\overline{c}	
	830 Crane Blud	rane)				
	NEW Registered Office Address:					
	Sugarlouf key F	33042	<u> </u>			
change agent w was wei	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members les of organization or the operating agreement of the	e registered officiability company of the limited li	ce and the business office y, it is hereby confirmed (ability company or as oth	of the register (hat the change)	ed (s)	
	nue Aff	Ro	Printed or typed name	membe	~	
Signate	are of a member of authorized representative of a member		Printed or typed name	of signee		
Lherch	w accept the appointment as registered agent and ag ms of all statutes relative to the proper and complete gations of per position as registered agent as provide by reflect high ange of the registered office address. I	rce to act in this performance of	s capacity. I further agre I my duties, and I am Jam	e to comply wit illiar with and c	th the accept	