Division of Corporations

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Account Number : 120010000112
Phone : (302) 575-0875
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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.

ı. N	ame of the limited liability company: IT BROADCA	STING IN	IVESTMENTS, LL	.C
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  9145 Narcoossee Rd, Ste 106A-152	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  9145 Narcoossee Rd., Ste 106A-152  Orlando, FL 32827		
	Orlando, FL 32827			
	09/27/2013	L.	3000136975	
3.	Date of filing/registration in Florida	4.	Document n	umber
	Registered Agent and Registered Office shown on the records of B&C CORPORATE SERVICES OF CENTR Registered Office Address (MUST BE FLORIDA STREET) 390 North Orange Ste 1400	AL FLOR		28 FEB
	Orlando , F£	32801		SSEE # 55
	Enter name of NEW Registered Agent and/or NEW Registered AGENTS AND CORPORATIONS, INC. NEW Registered Office Address:		<u> </u>	8: 16 ORIDA
	300 FIFTH AVENUE SOUTH, SUITE 101-3 NAPLES	34102		
the chagent was/w the ari	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lature of a member or authorized representative of a member aby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete diagations of my position as registered agent as provide rely reflect a change in the registered office address, I add in verting of this change.	ws of the State register the register ability come of the limited limited ANN	pany, it is hereby con- id liability company o bility company.  HOWARD  Printed or typ	iness office of the registered firmed that the change(s) r as otherwise provided in ed name of signee
Signal	ungaf Registered Agent  Division of Cornerations P.O.			•

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