## U3DIA254

(Re	equestor's Name)			
- (Address)				
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PICK-UP	☐ WAIT	MAIL		
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FILE B 16 JAN -4 PH 2: 49 SECRETARY OF STATE TALLANASSEE, FLORIDA

JAN 0 5 ZO16 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: EQ3 Media, LLC			
	ne of Limited	Liability Company	<del></del>
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change an	nd fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to th	e following:	
Dan Bagan			
Name of Person			
EQ3 Media, LLC			
Firm/Company		<del></del>	16 14
215 Vaill Point Road			星星
Address		·····	THE PARTY OF THE P
St. Augustine, FL 32086			PH 2 49
City/State and Zip Code			2: L
eq3mediajax@gmail.com			Ju P
E-mail address: (to be used for future ann	ual report not	ification)	
For further information concerning this matter,	please call:		
Dan Bagan	904	806-6967	
Name of Person	at (	Area Code & Daytime Telepho	one Number
	_	•	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:		
Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
\$25 Filing Fee	<b>-</b> 9	\$55 Filing Fee & Certified Copy	
INHS18 (2/14)			

## 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. Na	me of the limited liability company: EQ3 Media, L	rrc
2. (a)	Dan Bagan	(b) Dan Bagan
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  215 Vaill Point Road	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  215 Vaill Point Road
	St. Augustine, FL 32086	St. Augustine, FL 32086
	12/06/2013	L13000169254
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Chevara Orrin	
()	Registered Agent and Registered Office shown on the records of 2069 N. Market Street	·
	Registered Office Address (MUST BE FLORIDA STREET	AUVRICEN
	Jacksonville, FI	32206 S S S S S S S S S S S S S S S S S S S
(b)	Dan Bagan	rd Office address:
	Enter name of NEW Registered Agent and/or NEW Registeres	rd Office address:
	215 Vaill Point Road	PN 2:
	<u>NEW</u> Registered Office Address:	RIDA RIDA
	St. Augustine, FI	.L_32086
Signal I here provise the obtone notific	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I creating advantage of a rembers in the operating agreement of the members of a member	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.  Laura C Riggs  Printed or typed name of signee  gree to act in this capacity. I further agree to comply with the lie performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

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