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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

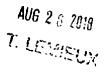
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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	Infrasignal Radio, LLC Name of Limited Liability Company				
SOBJECT.					
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please returr	n all correspondence concerning th	is matter to the fo	ollowing:		
Aubrey Mo	cBroom				
	Name of Person		_		
Infrasigna	l Radio, LLC				
	Firm/Company		_		
411 Walnu	ut St. PMB 652				
	Address	<u> </u>	-		
Green Co	ve Springs, FL 32043				
	City/State and Zip Code		-		
aubrey.mo	cbroom@infrasignal-radio.co	m			
E-mail	address: (to be used for future and	nual report notific	eation)		
For further i	nformation concerning this matter	. please call:			
Aubrey Mo	cBroom	32043	443 994 5832		
	Name of Person	ar (Area Code & Daytime Telephone Number		
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee. Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	g amount:			
☑ \$25 Filing Fee ☐ S			Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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	une of the limited liability company: Infrasignal Ra	adio, LLC		
2. (a)	1601 N Summer Ridge Ct	(b) 411 Walnut St. PMB 652		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St Augustine, FL 32092-3767	Green	Cove Springs, 32043	
	February 12 2014	L 14000	024200	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Cheyenne Moseley, US Corp. Agents, INC.			
(u)	Registered Agent and Registered Office shown on the records of a United States Corporation Agents. INC. Registered Office Address (MUST BE FLORIDA STREET)			
	I3302 Winding Oak Court A	<u> </u>	_	
	Tampa .FL	33612	_	
(b)	Aubrey McBroom			
• ,	Enter name of NEW Registered Agent and/or NEW Registered	LAHR.		
	1601 N Summer Ridge Ct	CAETARY OF CAHASSEE.		
	NEW Registered Office Address:		E.F. Silver	
	St Augustine FL	32092-3767	ORIUE S	
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of the seless of organization or the operating agreement of the	the registered office ability company, it of the limited liabilities limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
	my f. M.C. on	Aubrey McE		
Ů	ture/of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is discounted in writing of this change.	ee to act in this ca performance of my d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the aduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	reof Registered Agent			