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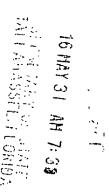
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Do	ocument Number)	•		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations	4 2	
Nex Chapter Media Group		
Name	e of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to tl	ne following:
Natasha Slaughter		
Name of Person		
Nex Chapter Media Group LLC		
Firm/Company		 .
P.O Box 28255		
Address	'	 .
Jacksonville Fl 32226		
City/State and Zip Code		
slaughter.natasha@yahoo.com		
E-mail address: (to be used for future annu	ıal report no	tification)
For further information concerning this matter, p	please call:	
Natasha Slaughter	904	7088945
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	I	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Fallahassee, Florida 32314
Enclosed is a check for the following a	amount:	
№ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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: Nex Chapter I	Media Gr	roup LLC
2. (a)	11462 Manatee Drive Jacksonville Fl 32218	(b) F	P.O Box 28255 Jacksonville FI 32226
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/06/2014	 L1	.14000077291
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Slaughter Poole, Serena		
). (a)	Registered Agent and Registered Office shown on the records of t	he Florida De	Dept. of State:
	4298 Broad Creek Lane		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	Jacksonville, FL	32226	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Natasha Slaughter	Office addre	
	NEW Registered Office Address:		
	11462 Manatee Drive		> <u>></u>
	Jacksonville , FL	32218	
the chagent was/w the art Signal I here provise the obto mer notific	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable rere authorized by an affirmative vote of the members of organization or the operating agreement of the attree of a member or authorized representative of a member are accept the appointment as registered agent and agraions of all statutes relative to the proper and complete digations of my position as registered agent as provided the writing of this change. The property of the statutes are accepted agent as provided the writing of this change. The property of the statutes are accepted agent as provided the property of the statutes and agent as provided the property of the statutes and agent as provided the property of the statutes and agent and agent are accepted agent as provided the property of the prope	the registe ability complete the limited liable Natas	rered office and the business office of the registered in pany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Sha Slaughter Printed or typed name of signee in this canacity. I further agree to comply with the

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

INHS18 (2/14)