## 14000132480

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Régistration Section Division of Corporations		
	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Sharron Denval Name of Person		
PCB Digital Modia	UC	
3325 Terra Cotta D Address		
Pavovo City Boch City/State and Zip Code	SECRETARY IZ	
E-mail address: (to be used for future annual report	nodification)	
For further information concerning this matter, please cal	l: ————————————————————————————————————	
S. Posa vac at (6	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$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. N	lame of the limited liability company: PCB Dicital	Media LLC
2. (a	3325 Terra Cotta Dr (b)	
<b>2</b> . (u		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Favorno City Boach, FI	<del>-</del>
	32458	
3.	Date of filing/registration in Florida  4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- »
	465 Grace AUE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Anama City, FI	i i i i i i i i i i i i i i i i i i i
	3,2401 ,FL	SECRET
(b		AX 12
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	3325 Terra Cotto Dr	STATE STATE
	NEW Registered Office Address:	¥™ <del>=</del>
	randmo City Desch ) +	
	32408 ,FL	
	limited liability company is not organized under the laws of the State of Flo	
the ch	ange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered shereby confirmed that the change(s)
was/v	vere authorized by an affirmative vote of the members of the limited liability ticles of organization or the operating agreement of the limited liability com	v company or as otherwise provided in
ine ai		pany. SAJAO
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my eligations of my position as registered agent as provided for in Chapter 605 rely reflect a change in the registered office address, I hereby confirm that it writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signa	ure of Registered Agent	

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