Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:					

LLC REGISTERED AGENT CHANGE **GIRARD MEDIA LLC**

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4/19/2024 16:22:35 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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	Tame of the limited liability company:	LLC					
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/		Mailing address of limi (Note: MAY BE PO			
	7901 4th St N STE 300		7901 4th St N STE 300				
	St. Petersburg FL 33702		St. Petersburg FL 33702				
	10/23/14	L	140001660	022			
3.	Date of filing/registration in Florida	4.		Document numbe	ſ		
5. (a	Girard , Sevak						
J. (u	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of Stat	te:			
	2701 Gadshaw Ave SE						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		_			
	Palm Bay , FL	32909		-	207		
(b) _	Registered Agents Inc				2024 1.23		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	7901 4th St N		22 PH				
	NEW Registered Office Address:			_	9 4		
	STE 300			_	To .		
	St. Petersburg	33702					
If the	limited liability company is not organized under the la		State of El	– orida it is boroby o	confirmed that after		
the ch agent was/w	lange 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	f the registe ability con of the limit	ered offic npany, it i ed liabilit	e and the business of is hereby confirmed ty company or as of	office of the registered I that the change(s)		
	Retin Viner	Robin	Jones				
Sign	ature of a member or alithorized representative of a member			Printed or typed name	e of signee		
provi: the ob to me:	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act i performan d for in Ch hereby cor	n this cap nce of my napter 605 nfirm that	oacity. I further agy duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept ocument is being filed y company has been		
	Mid Coerts David Roberts - Assistant S	ecretary					
Signat	ure of Registered Agent						