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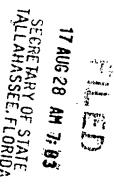
(Requestor's Name)						
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(1887-555)						
(0) (0) 4 (7) (0)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

Divi	sion of Corporations				
SUBJECT:	Lift Off Digital Media Marketing LLC Name of Limited Liability Company				
Sebule 1.					
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the fo	llowing:		
Michael M	oesch				
, ,,	Name of Person		-		
Lift Off Dig	ial Media Marketing LLC				
	Firm/Company		-		
1773 SE F	Ryecroft Ct				
	Address		-		
Port St. Lu	icie, FL 34952				
	City/State and Zip Code		-		
	moesch@gmail.com		_		
E-mail	address: (to be used for future annu	ial report notifica	ation)		
For further in	nformation concerning this matter, p	please call:			
Michael M	oesch	772 at (530-2544		
	Name of Person		Area Code & Daytime Telephone Number		
STR	ILING ADDRESS:				
	stration Section Registration Section Sion of Corporations Division of Corporations				
	on Building	Box 6327			
2661	Executive Center Circle ahassee, Florida 32301	Talla	ahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
(3 /8)	25 Filing Fee	Filing Fee & Certified Copy			

TO:

Registration Section

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.

Na	ame of the limited liability company: Lift Off Digital	l Media Mark	eting LLC	
(a)	1773 SE Ryecroft Ct	(b) 1773 SE Ryecroft Ct		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Port St. Lucie, FL	Port	ort St. Lucie, FL	
	34952	349	52	
	02/24/2015	L150	00034488	
	Date of filing/registration in Florida	4.	Document number	
(a)	Michael Moesch			
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:	
	2428 Lake Vista Ct			
	Registered Office Address (MUST BE FLORIDA STREET.	TAIS		
	Apt 308		LA LA	
	Casselberry	32707	AUG 28 AHASS	
(b)	Michael Moesch Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office address:	PF SI SI SI	
	1773 SE Ryecroft Ct		RIDA	
	NEW Registered Office Address:			
	Port St. Lucie	34952		
	, FI			
cha ent v is/we	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered lability compan of the limited li	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee	
ovisi e obl merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in thi. e performance o ed för in Chapte hereby confirm	s capacity. I further agree to comply with the firmy duties, and I am familiar with and accessor of the firm of the firm of the firm of the firm of the second of the second of the second of the firm of the second of the firm of the second o	