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JAN 22 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: GAME Change Med. A Group LLC Name of Limited Liability Company
The end	osed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Stephen A. Prendergast Name of Person
	GAME Change Modin Group
	Firm/Company
	GAME Change Modin Group Firm/Company 9951 ptlande Blud Suile 421 Address
	Address
	JACKSONVIlle F! 32225
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Stepher Prendergast at (94) 415-6600 Name of Person Area Code Daytime Telephone Number
1	d is a check for the following amount:
/ ₹ \$25	.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document numberL 5 \$\psi d \psi d \psi 7 \text{8946}	were filed on 5/5/15 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Jackson VIIIc FI 33375	
(Principal office address MUST BE A STREET ADDRESS)	Sacksonville FI 3725	
	77. 2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	THE STATE OF	
	37 w	
	\$20 m	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e v
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
 	, Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name **Address** Krum J. Purkm 135 3rd pur Un.1 A mar Jacksonville Brok St 32780 Remove _□ Change AMBR Sean Skipper 512 75 pm South MAdd Sacksonville Brack Fl. 32250 Remove ☐ Remove ¬ Change □ Add ☐ Remove _ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change

Sean Skipper 18 NUW 10% owner Sherric F. Prendergastis Now 45% owner Stepher A. Prendergast is Now 45% owner	
Stepher A. Prendersport is Now 45% owner	
	
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Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Game CHanger Media Group LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Stephen A. Prendergast (Contact Person)
GAME Changer Media Group (Firm/Company)
9915 Atlantic Blud. #421 (Address)
TAckson ville, FL 32225 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen A. Prendergast at (904) 415-6600 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee

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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liabi	lity company as	it appears on	the records o	of the Florida I	Department
of State is:	GAME	Changer	Media	Group	LLC	·
2. The Florida doct		ration number a	ssigned to this	limited liabi	lity company i	is:
3. The date this me		er withdrew/res	igned or will v	vithdraw/res	ign is: <u>/2~-</u>	31-2015
4. I, Kevin (Print N	T. <u>Dur</u> Iame of Person	Kin Resigning)	hereby	withdraw/res	sign as a R	♂
	(Print Title)	·			ر المراقب الم	FILE M 21
of this limited lia resignation in wr	•	ny and affirm th	ne limited liabi	lity company	y has been not	ified of my
	S	h.			1*	3)
Signature of D	issociating N	lember or Resig	ning Manager			
	\$25.00 (• •				
Certified Copy:	\$30.00 (Optional)				