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| Division of Corporations $\frac{1}{2}$ | | | | | | | |
| | Fax Number | : (850)617- | -6383 | | | | |
| From: | | | | | | | |
| | Account Name | : CAPITOL (| CORPORATE SERVICES | | | | |
| | Account Number | : : 120160000 | 0048 | in: 🗫 | | | |
| | Phone | : (800)345 | | | | | |
| | Fax Number | : (800)432 | -3622 | 🔀 | | | |
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| | | | ntity to be used i | | | | |
| , annual repor | t mailings. Ente | er only one e | email address plea | se.** | | | |
| Email Addres | 18 : | i. | | | | | |
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| 19 19 | LLC REGISTER | | | | | | |
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Electronic Filing Menu

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Corporate Filing Menu

Brian Radecki 800-432-3622

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursu submi | ant to the provisions of sections 605.01 is the following statement in order to | 14 or 605.0116, change its regi | Florida Statute stered office o | es, the undersigned limits registered agent, or | ited liability co both, in the S | mpany tate of | | | |
|---|--|---|--|---|--|--|--|--|--|
| | Florida. 1. Name of the Limited Liability Company: 1 MEDIA POV | | | WER, LLC | | | | | |
| 2. (a) | 4851 BONITA BAY BOULEVARD #804 | | (b) 4851 BONITA BAY BOULEVARD #804 | | | | | | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BONITA SPRINGS, FL 34134 | | Malling address of limited liability company; (<u>Note: MAY BE POST OFFICE BOX</u>) | | | | | | |
| | | | BONITA SPRINGS, FL 34134 | | | | | | |
| | 9/14/2015 | L15000156098 | | | | | | | |
| 3. | Date of filing/registration in] | Florida | 4, | Document numb |)er | | | | |
| 5. (a | NUSSBAUM, PAUL | | | 、 | | | | | |
| | Registered Agent and Registered Office shown | n on the seconds of (| e Florida Dept. of | Stato: | | | | | |
| | 4851 BONITA BAY BOULEVA | RD #804 | | | | | | | |
| | Registered Office Address (MUST BE FL | ORIDA STREET A | <u>DDRRSS)</u> | | | | | | |
| | | | | | | | | | |
| | BONITA SPRINGS | ۲Ţ | 34134 | | | | | | |
| | 2011110111100 | , r ts_ | | | | | | | |
| (b) | Capitol Corporate Services, Inc. | | | | | | | | |
| • - | Enter name of NEW Registered Agent and/or | NEW Registered | Office address: | | | 7 | | | |
| | | | | | je p | רי די ס | | | |
| | 155 Office Plaza Dr Ste A NEW Registered Office Address: | | <u> </u> | | | | | | |
| | TETY RELINCICULAR Address. | | | | |) 200 | | | |
| | · | | | | 100 A | - T73 | | | |
| | | _ | 20004 | | 8 5 | C. Marine | | | |
| | Tallahassee | , FL_ | 32301 | | | - - - | | | |
| the ch agent was/w | limited liability company is not organiz- lange or changes are made, the Florida s will be identical. Or, in the case of a Fl vere authorized by an affirmative vote of ticles of organization or the operating ag | treet address of (orida limited ha f the members of | the registered of bility company, the limited liab imited liability | lice and the business o it is hereby confirmed bility company or as other | flice of the reg that the change | istered (B) | | | |
| | atup of a momber or authorized representative a | | | Printed or typed same | | | | | |
| I here provis the ob to men notifie | eby accept the appointment as registered tions of all statutes relative to the prope- ligations of my position as registered a rely reflect a change in the registered of ed in writing of this change | d agent and agre r and complete p gent as providea fice address, I h | te to act in this performance of I for in Chapter creby confirm t | capacity. I further agree my dulles, and I am Jap 605, F.S. Or, if this do hat the limited liability | e to comply wi stliar with and cument is bein company has b | th the accept g filed cen | | | |
| _ | - Addi- | Jason F | Tacker, Assis | tant Secretary on | | | | | |
| Signal | ure of Registered Ageul | | • | rporate Services, li | nc. | | | | |
| | Division of Corpo | rations• P.O. B | ox 6327• Talls | hassee, FL 32314 | | | | | |

FILING FEE: \$25,00

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