L1600000000

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	CT: DIAKON TV, LLC						
	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please reti	urn all correspondence concerning this	s matter to the	following:				
JB ROT	н						
	Name of Person		_				
ROTH L	AW FIRM PL						
	Firm/Company		_				
6100 GF	REENLAND RD., SUITE 604						
	Address						
JACKSO	ONVILLE, FL 32258						
	City/State and Zip Code						
JB@RO	THLAWFIRM.NET						
E-ma	ail address: (to be used for future annu	ial report notifi	cation)				
For furthe	r information concerning this matter,	olease call:					
JB ROT		904	595-7900				
	Name of Person	(Area Code & Daytime Telephone Number				
R6 D1 C1 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
Enclosed is a check for the following amount:							
Ø	\$25 Filing Fee	□ \$5	5 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. Na	ame of the limited liability company: DIAKON TV,	LLC			
2. (a)	12148 LAKE FERN DRIVE	(b	P.O. B	OX 56783	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("	/	Mailing address of limite	· ·
	JACKSONVILLE, FL 32258	_	JACKS	ONVILLE, FL 322	241
	12/29/2015		L16000	000022	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				_	
	Registered Agent and Registered Office shown on the records of 234 CANAL BLVD	the Florida	Dept, of Sta	ite;	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	G .
	SUITE 2				SIMIC 17 1
	PONTE VEDRA BEACH FL	32082		_	10N 0
(b)	ROTH LAW FIRM PL Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	_	FILEU TO AUG 14 PH 2: 48 DIVISION OF CURE UP ATTORE
	6100 GREENLAND ROAD				0::419 0::419
	NEW Registered Office Address:	•			
	SUITE 604			_	
	JACKSONVILLE FL	32258		_	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of the proper and complete and the registered of the proper and complete and the registered of the proper address, I have a change in the registered of the proper address.	the regis ability co of the lim limited I JEA	tered office mpany, it ited liability co and B RO in this car	ce and the business of is hereby confirmed ty company or as oth mpany. TH, AUTH, REPF Printed or typed name pacity. I further agree	office of the registered that the change(s) nerwise provided in RESENTATIVE of signee
notified	ely reflect a change in the registered office address, 11 d in writing of this change.	nereby co	nfirm thai	ine imited liability	company has been