

216000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

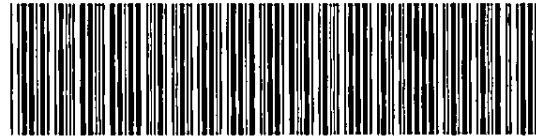
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diakon TV, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Stout

Name of Person

Diakon TV, LLC

Firm/Company

12148 Lake Fern Drive

Address

Jacksonville, FL 32258

City/State and Zip Code

billing@diakontv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Stout 904 584-7500
Name of Person at () Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

Diakon TV, LLC

1. Name of the limited liability company: _____

Diakon TV, LLC

Diakon TV, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

12148 Lake Fern Drive

P.O. Box 56783

Jacksonville, FL 32258

Jacksonville, FL 32241

12/29/2015

L16000000033

3. _____ 4. _____

Date of filing/registration in Florida

Document number

Roth Law Firm PL

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6100 Greenland Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 2 / STE 604

Jacksonville

32258

FL

John Stout

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12148 Lake Fern Drive

NEW Registered Office Address:

Jacksonville

32258

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John Stout

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00