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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MOOT Palvertising & Commication, 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:				
HAN TEN MANY, Egg. Name of Person				
Name of Person				
W. Manly D.A.				
Firm/Company				
5690 SW 34Th STIGET				
Address				
14:				
City/State and Zip Code				
Antono On the Albandara and the same of th				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mari Till same Con and Till d				
Name of Person at (766) 7166 - 1618 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
•				
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: MODI PauciTisis	4 Communication	v He
2. (a)	(b)	ノ・	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liab (Note: MAY BE POST OF	
	10615 Pamya LANC Rec	BOKLAAN 10	
	Has Paln Beach, FL 33415 Be	1chen 2600	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:	
i	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- 71
(L)	HUST Palm Boach, FL 33415	— E-8 P	
(0)	IH. MANY, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address: 5190 SW 34Th ST66T	STATE STATE	Ų
•	NEW Registered Office Address:		
	Migni ,FL 33155	 .	
the cha agent v was/we	imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the operati	fice and the business office it is hereby confirmed that the ility company or as otherwise.	of the registered he change(s)
Signal	ture of a mergoey or authorized representative of a member	Printed or typed name of sign	ee ·
I herel provisi the obli to mere	by accept the appointment as registered agent and agree to act in this consovall statutes relative to the proper and complete performance of nigations of my position as registered agent as provided for in Chapter of the reflect a change in the registered office address, I hereby confirm the providing of this change.	eanacity. I further agree to	comply with the

nature of Registered Agent