

L16 000 134 251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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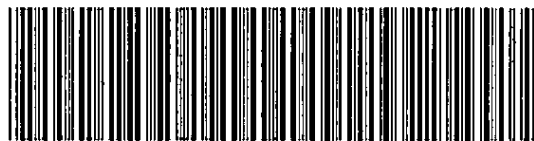
(Business Entity Name)

(Document Number)

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2019 AUG -7 A 10 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2019
T. LEMKEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Local One FM 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:

Peter Trahanas

Name of Person

Local One FM LLC

Firm/Company

1999 Lincoln Drive Suite 202

Address

Sarasota FL 34236

City/State and Zip Code

peter.t@localonefm.com

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

For further information concerning this matter, please call:

Peter Trahanas

at (407)

790-0607

Name of Person

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.

1. Name of the limited liability company: Local One FM LLC

2. (a) 1999 Lincoln Drive (b) 1999 Lincoln Drive

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 202

Suite 202

Sarasota FL 34236

Sarasota FL 34236

July 18, 2016

L16000134251

3. Date of filing/registration in Florida

4. Document number

5. (a) Peter Trahanas

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

609 Smokerise Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Longwood, FL 32779

(b) Peter Trahanas

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

1999Lincoln Drive Suite 202

NEW Registered Office Address:

Sarasota, FL 34236

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.

[Signature]
Signature of a member or authorized representative of a member

Peter Trahanas

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]
Signature of Registered Agent

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2016 AUG -7 A 10 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA