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COVER LETTER

PO: Registration Section Division of Corporations	,					
FloeMedia, LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Douglas Beney II I						
Name of Person						
FloeMedia, LLC						
Firm/Company						
75 N WOODWARD AVE. 82945						
Address						
TALLAHASSEE, FLORIDA 32313						
City/State and Zip Code						
email@floemedia.com						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please ca	all:					
Douglas Beney III 85	50 296-8403					
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	:					
	☐ \$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.

Na	me of the limited liability company: FloeMedia, LLC	<u> </u>		
(a)	75 N WOODWARD AVE.	(b)	75 N W	OODWARD AVE.
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	82945	_	82945	
	TALLAHASSEE, FL 32313	•	TALLAH	HASSEE, FL 32313
	07/18/2016	!	L160001	34713
	Date of filing/registration in Florida	4.		Document number
(a)	UNITED STATES CORPORATION AGENTS,	INC.		
()	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	e Florida	Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET AD	ODRESS.		_
(b)	TAMPAFL3	3612		19 ,
	Douglas Beney III			NE 138 NE 15
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ado	lress:	~~~
	75 N WOODWARD AVE.			PM 2: 2
	NEW Registered Office Address:			10A 12F
	33612			_
	TALLAHASSEE, FL_	32313		
cha int v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis bility co the lim	tered offic mpany, it ited liabili	ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided i
W	ODBerentzi	Dοι	ıglas Bei	ney III
ignat	ture 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