

L16 000 156968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

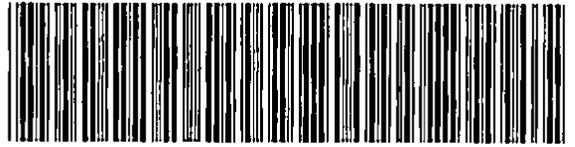
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER

SEP 04 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

BOWEN MEDIA, LLC
151 REGIONS WAY STE 6B
DESTIN, FL 32541

SUBJECT: BOWEN MEDIA, LLC
Ref. Number: L16000156968

We have received your document for BOWEN MEDIA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 519A00017291

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOWEN MEDIA 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 L SMITH
Name of Person

BLUEPOINT FINANCIAL LLC
Firm/Company

151 REGIONS WAY STE 6B
Address

DESTIN, FL 32541
City/State and Zip Code

luke@bluepointcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L. Smith at (850) 460-2222
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: BOWEN MEDIA LLC

2. (a) 94 SHIRAH STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 94 SHIRAH STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DESTIN, FL 32541

DESTIN, FL 32541

08/22/2016

L16000156968

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

(b) BLUEPOINT FINANCIAL LLC

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

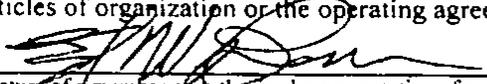
151 REGIONS WAY STE 6B

NEW Registered Office Address:

DESTIN, FL 32541

2019 SEP 31 PM 4:36
 FILED
 TALLAHASSEE, FL
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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.

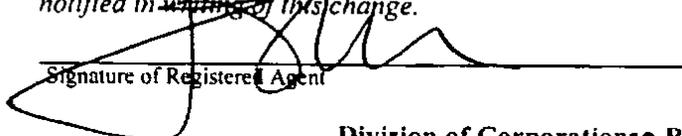


Signature of a member or authorized representative of a member

Ed W. Bowen

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