## 116000200892

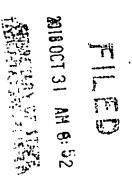
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	IHEARTCLICKS, LLC						
SUBJECT.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change a	and fee	e(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to t	the fol	lowing:			
MICHAEL	SEXTON						
	Name of Person						
IHEARTC	LICKS						
	Firm/Company						
201 WOR	TH AVENUE, SUITE 201P						
	Address	-					
PALM BE	ACH, FL 33480						
	City/State and Zip Code						
_	RONTIERTITLEGROUP.COM						
E-mail	address: (to be used for future ann	nual report n	otifica	tion)			
For further i	nformation concerning this matter.	, please call:					
MICHAEL	SEXTON	727 at (		560-4574			
	Name of Person	(	ř	Area Code & Daytime Telephone Number			
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301		Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314			
Enc	losed is a check for the following	g amount:					
<b>⊿</b> \$	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. Na	ame of the limited liability company: IHEARTCL	ICKS, LI	_C				
-, (,	Principal office address of limited liability company:			Mailing address of	iddress of limited liability company:  MAY BE POST OFFICE BOX)		
	(Note: MUST BE STREET ADDRESS) 205 WORTH AVENUE, SUITE 201P		205 W	ORTH AVENU	·		
	<u> </u>				·		
	PALM BEACH, FL 33480		PALM BEACH, FL 33480				
	11/01/2016		L16000	200892			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)							
, ,	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Si	tate:			
	MICHAEL SEXTON						
	Registered Office Address (MUST BE FLORIDA STREE		7 B				
	411 7TH STREET, SUITE 6					i ingli	
	WEST PALM BEACH	FL 3340	i		MIN OCT 3		
				<del></del>		- 4	
(b)	Enter name of NEW Registered Agent and/or NEW Register					169	
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:				
	MICHAEL SEXTON					5	
	NEW Registered Office Address:	·-		<del></del>			
	205 WORTH AVENUE, SUITE 201P						
	PALM BEACH	FL 33480	)				
the changent vas/was/was/was/was/was/was/was/was/was/w	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the unit of a member of all statutes relative to the proper and completing of all statutes relative to the proper and completing of the proper and completing of the proper of the proper and completing	of the reg I liability is of the li he limited	gistered off company, i mited liability control of the control of	t is hereby confir lity company or a company.  Printed or typed	ess office of transd that the cas otherwise property and of signee	he registered change(s) provided in	

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

Signature of Registered Agent