## L16 COC 21C 19C

(Re	questor's Name)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP		MAIL
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(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

INHS18 (2/14)

	egistration Section vision of Corporations		
SUBJEC1	Oktane Media, LLC		
	Na	me of Limited Li	ability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please retu	ırn all correspondence concerning th	nis matter to the f	ollowing:
Peter J. Vas	sti, Esq.		
	Name of Person		_
Leavengoo	d, Dauval & Boyle PA		
	Firm/Company		_
3900 1st St	. N Suite 100		
	Address		<del>_</del>
St. Petersbu	urg, FL 33703		
	City/State and Zip Code		
pvasti@lca	venlaw.com		
E-ma	il address: (to be used for future and	nual report notifi	cation)
For further	r information concerning this matter	, please call:	
Peter J. Vas	sti	727 at (	488-3986
	Name of Person		Area Code & Daytime Telephone Number
<u>M</u>	ailing Address:		Street Address:
	egistration Section		Registration Section
	vision of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee
Ta	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the following	g 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. Na	ame of the limited liability company:  Oktane Media, Ll	LC	<del>_</del>	
2. (a)			(b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(=/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3900 1st St. N. Suite 100		3900 1st	St. N. Suite 100
	St. Petersburg, FL 33703		St. Peters	burg, FL 33703
	11/16/2016		L16000210	0190
3.	Date of filing/registration in Florida	_ 4.		Document number
5. (a)	Ken Park			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 2732 6th Ave. S	<u>ADDRE</u>	<u>(SS)</u>	_
	St Petersburg FI	33712	<del></del>	_
(b)	Peter J. Vasti, Esq  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address:	2021 SEP-9 PH 3: 39
	Leavengood, Dauval & Boyle PA			
	NEW Registered Office Address:	-		500 P
	3900 1st St N. Suite 100			SEE'S 3.
	St. Petersburg	33703		TATE 39
change agent v was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lierc authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the l	ered office a company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
- · ·	the your on Mys.	PI —	nillip Chesson	Mgr. of Nahakama LLC
I here provis the obt to mer notifie	sture of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I do in whilm of this change.	ree to a perfor d for in hereby	nct in this cap mance of my 1 Chapter 60 confirm thai	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	ire of Registered Agen			