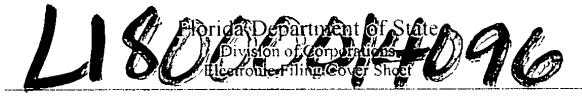
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Division of Corporations



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114 or 603.0116. 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.

	WIN BIO MEDIA			<u> </u>	
٠.	arce of the limited liability company: WIN BIG MEDIA, LLC		(b) WIN BIG MEDIA, ELC		
2. (a)	Principal office eddress of liming liability company: (Nets: MUST BE STREET ADDRESS)	· \-	Ches: MAY BE POST O	FFICE BOX	
	174 WATERCOLOR WAY, STE 103/232		44 CANAL CENTER PLAZA, STE	. 315	
	SANTA ROSA BEACH, FL 32459		ALEXANDRIA, VA 22314		
·	07/11/2018		3.1\$000014096		
3	Date of filing/registration in Florida	4.	Document number		
	STUTTS, PHILLIP			<u> </u>	
5, (a)·	Registered Agent and Registered Office shown on the records of WIN BIO MEDIA, LLC			高雪	
	Registed Office Address Office RE PLORIDA STREET	100RES	0	25年,上二下	
	174 WATERCOLOR WAY, STE. 103/232			indicate the state of the state	
	SANTA ROSA BEACH FI	32459	: 	~ · ·	
			 	11.11E 11.11E 10.00 M	
(b)					
(0).2	Enter name of NEW Regulared Agral and/or MEW Regulared	Office 46	den:	0 S	
	C T Corporation System		·		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
, •		13324			
	Plantation , FL	'			
the chang ngent will was/were the article	ited liability company is not organized under the large or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited liauthorized by an affirmative vote of the members of oforganization or the operating agreement of the	ability c	ompany, it is hereby confirmed to	that the change(s) erwise provided in PHILLIPSTUTTS	
Signature of a member or outhorized representative of a member					
I hereby of provisions the obligation merely i	of a member or authorized representative of a member of a member of all statutes relative to the proper and complete tions of my position as registered agent as provide reflect a change in the registered office address, I writing of this change.	perform d for in hereby	nance of my dulies, and I am far Chapter 605, F.S. Or, if this do confirm that the limited liability	niliar with and accept scument is being filed company has been	
******	ration System	2	Prian Muelle	er e	
	Registered Agent		Assistant Secre	лагу	
Dhision of Corporations • P.O. Box 6327 • Tallahassee, PL 32314 FILING FEE: \$25.00					

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