

18000093492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

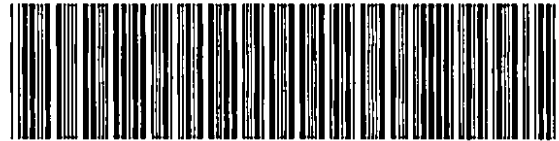
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D BRUCE  
AUG 22 2018





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2018

SARAH LI CAIN  
9803 CREEKFRONT ROAD #1501  
JACKSONVILLE, FL 32256

SUBJECT: LI CAIN MEDIA LLC  
Ref. Number: L18000093492

We have received your document for LI CAIN MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 418A00016596

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Li Cain 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:

Sarah Li Cain

Name of Person

Li Cain Media LLC

Firm/Company

9803 Creekfront Road #1501

Address

Jacksonville, Florida 32256

City/State and Zip Code

sarah@sarahlicainwrites.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Li Cain

at ( 724 )

3225390

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

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TALLAHASSEE FLORIDA



**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: Li Cain Media LLC

2. (a) Li Cain Media LLC (b) Sarah Li Cain

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9803 Creekfront Road #1501

Jacksonville, Florida 32256

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

9803 Creekfront Road #1501

Jacksonville, Florida 32256

April 13, 2018

L18000093492

3. Date of filing/registration in Florida

4. Document number

5. (a) Sarah Li Cain

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

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

7925 Merrill Road Apt 1308

Jacksonville, FL 32277

(b) Sarah Li Cain

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

Sarah Li Cain

**NEW** Registered Office Address:

9803 Creekfront Road #1501

Jacksonville, FL 32256

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.

Sarah Li Cain  
Signature of a member or authorized representative of a member

Sarah Li Cain

Printed or typed name of signer

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.

Sarah Li Cain  
Signature of Registered Agent

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