11800 159349

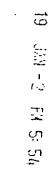
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

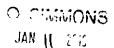
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
C&S MEDIA ENTERPRISES	S LLC
SUBJECT: Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Sandra Neumann	
Name of Person	
C&S MEDIA ENTERPRISES LLC	
Firm/Company	
1901 1st St N APT 1405	
Address	
Jacksonville Beach FL 32250	
City/State and Zip Code	
chad@nrcjax.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter.	please call:
Chad Neumann	904 705-1144
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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STÂTEMENT 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

	(b)	
Principal office address of limited liability of (Note: MUST BE STREET ADDRES		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
4480 Deerwood Lake PKWY 254		
Jacksonville, FL 32216		
06/29/2018	L180	000159349
Date of filing/registration in Floric	da 4.	Document number
UNITED STATES CORPORATION	AGENTS, INC	
Registered Agent and Registered Office shown on th	e records of the Florida Dept.	of State:
Cheyenne Moseley		
Registered Office Address (MUST BE FLORID.	A STREET ADDRESS)	
13302 WINDING OAK COURT,SU	ITE A	
Tampa	,, 33612	
	, [1],	
Chad Neumann		1
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	-
		ណ្ឌ
Chad Naumann		<u> </u>
Chad Neumann	···	-
NEW Registered Office Address:		
		. <u></u>

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

Sandra Neumann

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