L18000171495

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
<u></u>	/ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Business Chity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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2019 NOV 18 AM 9: 21
SECRETARY OF STATE

Y SULKER DEC 1 6 2010

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	me of the limited liability company: Golden Oasis	s Media	i		
2. (a)	2681 N Flamingo Rd #2208S	(1	2681	1 N Flamingo Rd #2208S	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maiting address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Sunrise, FL 33323		Sunri	rise, FI 33323	
	07/16/18		83123	38271	
3.	Date of filing/registration in Florida	- 4.		Document number	
_	Angela Ocampo				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of	f State:	
	Registered Office Address (MUST BE FLORIDA STREET) 2681 N Flamingo Rd #2208S	ADDRES.	<u>5</u>		
	Sunrise	33323		ZOIB NOV	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		NOV 18 AM 9: 21 ANASSEE FLORIDA		
	NEW Registered Office Address:			— 0A	
	2681 N Flamingo Rd #2208S				
	Sunrise , FL	33323			
the cha agent v was/wo	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi ability c of the lin limited	stered o ompany, nited liab liability	office and the business office of the registered in it is hereby confirmed that the change(s) ability company or as otherwise provided in a company.	
Signal	ugela Ocampo	An-	gela Od	Printed or timed name of cionas	
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and aground one of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	perforn	iance of	f my duties, and I am familiar with and accept	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent