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## COVER LETTER

TO: Registration Section Division of Corporations	
	eius Paessilie. ne of Limited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Off	fice Change and fec(s) are submitted for filing.
Please return all correspondence concerning th	ais matter to the following:
Jannifor Ellis Name of Person	
Leal News Press Firm/Company	LLC.
817 E. Hillston	o Blvd
City/State and Zip Code	<u>~3344)</u>
E-mail address: (to be used for future an	Oress. Com unual report notification)
For further information concerning this matter	r, please call:
Same of Person	at (S61) 312-2900 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: Real N	ews Per	<u> تح</u> حربلد		
		2054 VISTA PARKWAY (b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		Saite 400 Westfalm Beach : FL 33411				
		8-2-2018		L1800018553	. '7	,
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the	on Clavida Dant - CC	total		
	(b)	Registered Office Address (MUST BE FLORIDA STREET A)  685 E. Hillsboro Blud  Depericin Beach, FL  Cichard Retainer  Enter name of NEW Registered Agent and/or NEW Registered Company Registered Office Address:	DDRESS) 크크Կ니	TALLAHASSEE, FL	2020 AUG 24 PM 1: 29	
ch ag w th	Signal here ob mer	dimited liability company is not organized under the law er or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law authorized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete policy accepts the appointment as registered agent as provided the proper and complete policy reflect a change in the registered office address, I had in writing of this change.	ys of the State of registered office bility company, if the limited liability company of the limited liability company of the limited liability of the state of t	and the business office of the it is hereby confirmed that the ility company or as otherwise company.  Printed or typed name of signe	registere e change( provideo	ed s) i in

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent