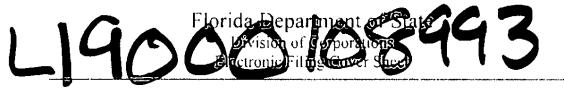
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Division of Corporations



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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 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.

l. Na	time of the limited liability company: POP MEDIA	USA LL	C				
2. (a)	16644 Caribbean Breeze Way	(b)	16644 Caribbean Breeze Way				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of lir (Note: MAY BE F			
	Clermont, FL 34714		Clermon	it, FL 34714			
				•			
	04/22/2019	- -	_19000108993				
٠.	Date of filing/registration in Florida	4,		Document numb	er		
. (a)	UNITED STATES CORPORATION AGEN	TS, INC.					
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	· •			
	476 RIVERSIDE AVE.						
	Registered Office Address (MUST BE FLORIDA-STREET	(ADDRESS)					
	and the second of the second o				1 1, 1, 2, 5,		
	JACKSONVILLE WAS WAS	, 32202	e e e e	Tarkta Min (194)	e ii z dijiya s	ı	
	The state of the s	<u></u>			•		
:(b)	Chris Sweeney	•				•	
• • • •	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	(e.s.s.:	•	盖垣	2023	
	16644 Caribbean Breeze Way					7023 JUL <i>5</i>	
	NEW Registered Office Address:	••••				78 F) KD
		····				¥ 0'	ר
	Clermont	L_34714			· · · · · · · · · · · · · · · · · · ·	 ગ	
e char gent w as/we:	mited liability company is not organized under the fange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability cor of the limit	ered office apany, it is ed liability	and the business hereby confirme company or as o	office of d that the	the regist change(s	erco
		Chris	s Sweene	Э у			
SignStt	tic of a member or authorized representative of a member			Printed or typed nan	ne of signee		
rovisio le obliz mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providly reflect a change in the registered office address, length of this change.	pree to act i e performa ed for in Ci hereby cor	n this capa ice of my d apter 605, firm that t	city. I further as luties, and I am fo F.S. Or, if this a he limited liabili	pree to con amiliar wi document ty compan	nply with th and ac is being fi v has bec	th ce ile n