49000/39241

(Reque	stor's Name)			
(Addre	SS)	<u>_</u>		
(Addre	es)			
(City/Si	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
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	10/31	7/31 		
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	Click Rate Media LLC			
	No	ime of Limited I	iability Company	
Dear Sir or	Madam:			
The enclos	ed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning (his matter to the	following:	
Kenneth No	ble			
	Name of Person		_	
Noble Law	Firm P.A.			
	Firm/Company			
6199 N. Fed	leral Hwy.			
	Address			
Boca Raton.	, FL 33487			
	City/State and Zip Code			
ray@noblela	awtirmpa.com			
E-ma	il address: (to be used for future ar	nual report notif	fication)	
For further	information concerning this matte	r, please call:		
Kenneth No	ble	561 at (353-9300	
	Name of Person	··· \	Area Code & Daytime Telephone Number	
Re Di P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
En	closed is a check for the followin	g amount:		
a :	\$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.

i. Na	ame of the limited liability company: Click Rate Medi	ia, ELC		·
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	701 South 6th Avenue, Stc. 101		701 South	6th Avenue, Ste. 101
	Delray Beach, FL 33483		Defray Bea	ich, FL 33483
	05/23/2019		L190001392	241
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	Nicholas Signorelli			
., (11)	Registered Agent and Registered Office shown on the records of 701 South 6th Avenue	of the Flor	ida Dept. of State	- e:
	Registered Office Address (MUST BE FLORID: 1 STREET) Suite 101	TADDRE	<u>.S.S)</u>	-
	Delray Beach	, 33483		-
(b)	Noble Law Firm, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office:	address;	orida, it is hereby confirmed that after the
	NEW Registered Office Address:			
	6199 N. Federal Hwy.			18 1 2 T
	Boca Raton F	L_33487		# 1:08
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li e limited	ered office and company, it is mited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member		enchas organize	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided to reflect a change in the registered office address. It in writing of this change.	e perfori ed för in	nance of my c Chapter 605	luties, and I am familiar with and occept , F.S. Or, if this document is being filed
Signatu	re of Registered Agent			

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