

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000100213 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE REISEFROH MEDIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

APR 0 6 2020

Electronic Filing Menu Corporate Filing Menu

Help

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

ume of the limited liability company:		LLC		
2880W OAKLAND PARK BL		(b) 2880W OAKLAND PARK BLVD Mailing address of limited liability company:		
(Note: MUST BE STREET ADDI	• •	(Note: MAY BE POST O		
SUITE 225C	SU	ITE 225C		
OAKLAND PARK, FL 33311	. <u>O</u> AH	KLAND PARK, FL 3331:	1	 -
12/10/2019	L190	000300471		
Date of filing/registration in Flo	orida 4.	Document number		
CORPORATIONS SERVICES &	REGISTERED AGENT	<u>s</u>		
Registered Agent and Registered Office shown or	n the records of the Florida Dept. o	of State:		
2398 COMMERCIAL WAY			202 ;;	
Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS)	***	2020 APR	
SUITE 224			ž	; -
SPRING HILL	_{. FL} 34606		´ မ်	։ - ն ն
Northwest Registered	Agent LLC	_	PH 12: 1-7	**************************************
Enter name of NEW Registered Agent and/or N	EW Registered Office address:		当五	
7901 4th St N				
NEW Registered Office Address:				
STE 300				

Morgan Jobben	Morgan Noble
Signature of a member or authorized representative of a member	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.

TloveTom Glover - Assistant Secretary

Signature of Registered Agent