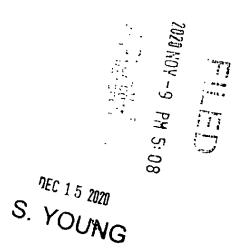


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





11/09/20--01026--006 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FI Outdoor Media, LLC

Name of Corporation

DOCUMENT NUMBER: L20000074767

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony G. Muniz, Jr.

Name of Contact Person

Firm/Company

8405 N. Edison Ave

Address

Tampa, Fl 33604

City/State and Zip Code

tmuniz3550@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Muniz

,813

610-3938

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. N	ame of the limited liability company: FL Outdoor Med	ia, LLC		
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)	
	8405 N. Edison Ave.			
	Tampa, FL 33604			
	03/06/2020	L20000747	67	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Tony G. Muniz, Jr.			2029
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Sta	70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Registered Office Address (MUST BE FLORIDA STREET A	-	9	
	8405 N. Edison Ave.		··· .	<u> </u>
	Tampa , FL	33604	_	2: 08 2: √,
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
	Mark Mariani			
	NEW Registered Office Address:		_	
	4914 Bay Crest Dr.		_	
	Tampa , FL	33615-4434		
chang agent was/w the ar Sign I herovis the ob-	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial cere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law edge of a member or authorized representative of a member of the law edge of the appointment as registered agent and agreeions of all statutes relative to the proper and complete pulsations of my position as registered agent as provided rely reflect a change in the registered office address. The	registered office ar bility company, it is find the limited liability continuited liability continuited liability continuited liability continuited liability continuited liability capact in this capact for in Chapter 60.	ind the business office of is hereby confirmed that ty company or as otherwing any. Printed or typed name of signatures, and I am Jamilia 5, F.S. Or, if this document.	the registered the change(s) vise provided in gnee o comply with the or with and accept tent is being filed
Signat	the viriting of this change. The Registered Agent Division of Cornerations P.O. B.		FV 2224	

FILING FEE: \$25.00