L20000084261

| (Requestor's Name) | | | | | | | |
|-------------------------|-------------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Ac | idress) | | | | | | |
| (Ci | ty/State/Zip/Phor | ne #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificate | s of Status | | | | | |
| Special Instructions to | Filing Officer: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

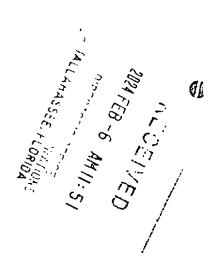




100422603141

PILED

2024 FEB -6 PH 12: 17



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| REFERENCE : 307069 8433542 | | | | | | | | | | |
| AUTHORIZATION : Louble 1800 | | | | | | | | | | |
| COST LIMIT : \$\frac{1}{2}5.00 | | | | | | | | | | |
| ORDER DATE : February 5, 2024 | | | | | | | | | | |
| ORDER TIME : 8:54 AM | | | | | | | | | | |
| ORDER NO. : 307069-008 | | | | | | | | | | |
| CUSTOMER NO: 8433542 | | | | | | | | | | |
| | | | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | | | |
| | | | | | | | | | | |
| VIV. | | | | | | | | | | |
| NAME: OCEANSIDE MEDIA, LLC | | | | | | | | | | |
| | | | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | | | |
| CERTIFIED COPY | | | | | | | | | | |
| XXPLAIN STAMPED COPY | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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: OCEANSIDE M | EDIA, L | LC | | . | | _ | |
|-----------------------|-----------------------------|--|---|------------------|--|---|---|--|---|
| 2. (| 3) | | (| 'h) | | | | | |
| 2 . (| u, . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | M | | | Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | 6400 CONGRESS AVENUE SUITE 2050 | | | 6400 CO | NGRESS AVE | NUE SUIT | E 2050 |) |
| | | BOCA RATON, FL 33487 | | | BOCA RA | ATON, FL 334 | 87 | | |
| | | 03/03/2020 | | | L 200 00084 | 4261 | | | |
| 3. | | Date of filing/registration in Florida | - 4. | _ | | Document nu | mber | | |
| 5. | (a) | | | | | | | | |
| | (**) | Registered Agent and Registered Office shown on the records of SPEYER, W. KIP | the Florio | ia l | Dept. of State | e: | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET. | ADDRES | <u>(S)</u> | | _ | | | |
| | | 6400 CONGRESS AVENUE SUITE 2050 | | | | | 2024 | 2024 | |
| | | BOCA RATON FL | 33487 | | • | _ | LUKÉ IAF | 2024 FEB | <u></u> |
| | | | | | | _ | Sh ≃ | 16 | |
| (| b) , | Enter name of NEW Registered Agent and/or NEW Registered | | | | - | meg. | 7 | |
| | | Enter name of NEW Registered Agent and/or NEW Registered | Office a | <u>aa</u> | ress: | | 101 11.S | PM 12: 17 | |
| | | Corporation Service Company | | | | | OF STATE E.FLORIDA | 17 | |
| | | NEW Registered Office Address: | | | | _ | _ | | |
| | | 1201 Hays Street | | | | _ | | | |
| | | Tallahassee | 32301 | | | | | | |
| 16.4. | _ 1: | , FL | · | | | - | 1 C | 1.1 | . e |
| char ager was | ige it w /we | mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members cales of organization or the operating agreement of the | register ability c of the lir | red on nit | office and pany, it is ed liability | d the business s hereby confir y company or : | office of th med that th | e regi: ie chai | stered ige(s) |
| | | n-Paul Sardi | | | Paul Sard | • | | | |
| Si | gnati | ure of a member or authorized representative of a member | | | | Printed or typed | name of sign | ee | |
| prov the o to m | isio obli ere fied | y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change. | ee to ac perform d for in iereby c | t in Ch | n this capa ice of my a capter 605, firm that t | ncity. I further luties, and I ar , F.S. Or, if th the limited liab | agree to c m familiar his documen pility compo | omply with as it is be any ha | with the nd accept ring filed s been |
| Sign | | ore C. Kuble e of Registered Agent Grace E. Kirby, Asst. Vice President | dent | | | | | | |

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

Grace E. Kirby, Asst. Vice President