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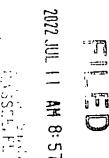
| (Requestor's Name) | | | | | | |
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| (Addr | (Address) | | | | | |
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| (Address) | | | | | | |
| | | | | | | |
| (City/ | State/Zip/Phor | ie #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
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| (Busin | ness Entity Na | me) | | | | |
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| (Doci | ıment Number |) | | | | |
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| Certified Copies | Certificate | s of Status | | | | |
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| Special Instructions to Fil | ling Officer | | | | | |
| Special instituctions to the | ang Onicei. | | | | | |
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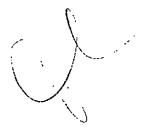
Office Use Only



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07/11/22--01008--018 **25.00





COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|---|----------------------|---|-------------------------|------------|
| SUBJ | ECT: 4419 MEDIA LLC | | | | |
| | • | Name of Limited 1 | Liability Company | | |
| Dear S | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered | Office Change an | d fee(s) are submitted for filing. | | |
| Please | return all correspondence concernin | g this matter to the | e following: | | |
| Melis | sa Jones | | | | |
| | Name of Person | | | | |
| ZenBı | isiness Inc. | | | | |
| | Firm/Company | <u> </u> | | 7077 | 3033 |
| 336 E | . College Ave. Suite 301 | | (= (*) (*) | ZUZZ JUE 11 Min G Sindi | |
| | Address | | | i – oi oic a | - : - : |
| Tallah | nassee, FL 32301 | | [| m : | œ <u> </u> |
| - | City/State and Zip Co | de | | (| 57 |
| ra@ze | enbusiness.com | | | | |
| | E-mail address: (to be used for future | annual report not | fication) | | |
| For fi | orther information concerning this ma | tter, please call: | | | |
| Me | lissa Jones | 844 at (| 493-6249 | | |
| | Name of Person | u. <u></u> | Area Code & Daytime Telephone No | ımber | |
| | Mailing Address: | | Street Address: | | |
| | Registration Section | | Registration Section | | |
| | Division of Corporations | | Division of Corporations | | |
| | P.O. Box 6327 | | The Centre of Tallahassee | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | 0 | |
| | Enclosed is a check for the follow | ving amount: | | | |
| | □ \$25 Filing Fee | 5 | \$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.

| 1. N | name of the limited liability company: 4419 ME | DIA | <u>LLC</u> | | |
|------------------------------------|---|--------------------------------|--------------------------------------|--|--|
| 2. (a) | 4419 GENTLE KNOLL DR N | | _(b) 44 | 19 GENTLE K | NOLL DR N |
| (_, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | Mailing address of lim | nited liability company: OST OFFICE BOX |
| | JACKSONVILLE, FL 32258 | | <u>JA</u> | CKSONVILLE | E, FL 32258 |
| | | <u>.</u> | | | _ |
| | 07/02/2020 | | L20 | 0000187721 | |
| 3. | Date of filing/registration in Florida | 4. | | Document numbe | er . |
| 5. (a) | Registered Agents Inc. | | | | |
| | Registered Agent and Registered Office shown on the records of 7901 4th St N | the Flor | ida Dept. o | of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET STE 300 | 4DDRE | <u>.</u> 227 | | 20 |
| | St. Petersburg , FI | 33702 | | | 2022 JUL |
| (b) | ZenBusiness Inc | | | : : : : : : : | |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office | address: | | |
| | 336 E. College Ave. | | | r- | 8: 57 |
| | NEW Registered Office Address: | | | | |
| | Suite 301 | | | | |
| | Tallahassee , FI | 32301 | | | |
| chang agent was/w the art | 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 his ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registe ability of the l | ered office company imited lia | ce and the business office, it is hereby confirmed ability company or as o | ice of the registered d that the change(s) |
| | David Schmidt | <u></u> | avid S | Schmidt | |
| | ature of a member or authorized representative of a member | | | Printed or typed nam | 2 |
| I here provis | by accept the appointment as registered agent and agr ions of all statites relative to the proper and complete | ree to a perfor | ict in this mance o | s capacity. I further agr f my duties, and I am fa | ree to comply with the imiliar with and accep |

Thereby 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.

Signature of Registered Agent