Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE T&T MEDIA LLC

Certificate of Status	0
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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. Name of the limited liability company: T&T ME	EDIA LLC
_{2. (a)} 7901 4TH ST N STE 4000	(b) 7901 4TH ST N STE 4000
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702
07/31/2020	L20000228969
3. Date of filing/registration in Florida	4. Document number
5. (a) FLORENTINA R GOMEZ	
Registered Agent and Registered Office shown on the records of 2750 NE 183RD ST Registered Office Address (MUST BE FLORIDA STREE) APT 701	
	.FL 33160 FILED
(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Register 7901 4th St N	ered Office address: 89
NEW Registered Office Address: STE 300	
St. Petersburg	FL 33702
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and a country.	e laws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company. Riley Park Printed or typed name of signee agree to act in this capacity. I further agree to comply with the lie performance of my duties, and I am familiar with and accivided for in Chapter 605, F.S. Or, if this document is being files, I hereby confirm that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent