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COVER LETTER

Division of Corporations			
SUBJECT: Valyon Wedia LLC Name of Limited I	iability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	following:		
Connor L Butter Name of Person			
Valyon Media LLC Firm/Company	· -		
2112 SW 34th ST #	146		
Gainesville, FL 321008 City/State and Zip Code			
E-mail address: (to be used for future annual report notifi	DY ication)		
For further information concerning this matter, please call:			
Name of Person	232-2276 Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
☑ \$25 Filing Fcc □ \$	55 Filing Fcc & Certified Copy		

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	ame of the limited liability company: Valyou Media LLC	, —
	901 NW 8 th Ave Ste B8 PmB1037 (b) 901 NW 8 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note:	th Ave Ste B8 PmB103 ddress of limited liability company: MAY BE POST OFFICE BOX SVINE 1 FL 32601
	(spainesville, tr. 3260) (spaine	SVIIIE / 1 C 52601
	12/01/2020 1200	
3.	Date of filing/registration in Florida 4. Docum	ent number
5. (a)		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	1410 S. Occar De Apr 1404 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		= -2
	Hollywood ,FL 33019	
(b)	Connoct Butter	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	2112 SW 34th ST #146	<u> </u>
	NEW Registered Office Address:	
	Granesville FL 321008	
change agent v was/we	limited liability company is not organized under the laws of the State of Florida, it e or changes are made, the Florida street address of the registered office and the bu will be identical. Or, in the case of a Florida limited liability company, it is hereby were authorized by an affirmative vote of the members of the limited liability company, it is decided to organization or the operating agreement of the limited liability company.	siness office of the registered confirmed that the change(s)
Signa	ature of a member or authorized representative of a member Printed	or typed name of signee
I here provisi the obl to mer	eby accept the appointment as registered agent and agree to act in this capacity. It ions of all statutes relative to the proper and complete performance of my duties, a ligations of my position as registered agent as provided for in Chapter 605, F.S. Corely reflect a change in the registered office address, I hereby confirm that the limited in writing of this change.	further agree to comply with the ind I am familiar with and accept or, if this document is being filed ed liability company has been

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

Signature of Registered Agent