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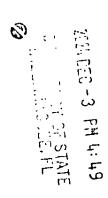
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Codified Cooles Codificator of Status						
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Cassial Instructions to Filips Officer						
Special Instructions to Filing Officer:						

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC			
	Nan	ne of Limited I	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.
Please re	turn all correspondence concerning thi	is matter to the	e following:
David S F	Bowen II		
	Name of Person		
Bowen M	edia & Consulting LLC		
	Firm/Company		
1046 Hari	St.		
	Address		<u> </u>
Waverly,	FL 33877		
-	City/State and Zip Code		
BowenMe	:diaConsulting@gmail.com		
E-n	nail address: (to be used for future ann	ual report noti	fication)
For furth	er information concerning this matter,	please call:	់ ក្
David Bo	wen	863 at (605-7014
	Name of Person	(Area Code & Daytime Telephone Number
F F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the following	amount:	
5	\$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	lame of the limited liability company: Bowen Media & G	Consul	ting	ing LLC
2. (a)	1016 Hart St		 (h	(b) PO Box 53
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Waverly, F1. 33877			Waverly, FL 33877
	Dec 11, 2020			1.20000388050
3.	Date of filing/registration in Florida	4.		Document number
5. (a	UNITED STATES CORPORATION AGENTS, INC.			
()	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	da Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRI	<u>ESS</u>	<u>SS)</u>
(b)	Jacksonville FI	32202	2	
	David S Bowen II			
	Enter name of NEW Registered Agent and/or NEW Registered	address:		
	1046 Hart St.			
	NEW Registered Office Address:			PA LIFE
	Waverly , FL	33877	7	
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the l	ere co lim d l	ered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
Sign	ature of a member or authorized representative of a member	_		DAVID S BOWEN TI Printed or typed name of signee
provi. the ol to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided relatively a change in the registered office address, I have a first address, I have a first address and the second agent	ee to c perfor d for it hereby	act rma n C	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been