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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 future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE CHRIS AMERICA MEDIA GROUP LLC

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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. Na	me of the limited liability company: Chris America	Media	a Group L	LC	
2. (a)		_ (b)		
	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)		N	lailing address of limited (Note: MAY BE POST	liability company:
	7901 4th St N STE 300		7901 4th	St N STE 300	
	St. Petersburg, FL 33702	_	St. Peter	sburg, FL 33702	
	03/07/2022		L220001	15861	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:		
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	1	*: **:	20
					2023 H/R
	JACKSONVILLE FL FL	32202			77
			· · · · · · · · · · · · · · · · · · ·		-9
(b)	Registered Agents Inc	****		-	7
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	lress:	·	-9 MH 19: 54
	7901 4th St N	····		-	<u>5</u>
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FL_	33702			
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabete for authorized representative of a member	s of the he regis pility co the lim imited l	State of Flo tered office mpany, it is ited liability	and the business off hereby confirmed the company or as other pany.	fice of the registere nat the change(s) erwise provided in
	by accept the appointment as registered agent and agre	e to act	in this capa		•

I hereby 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.

David Cools David Roberts - Assistant Secretary Signature of Registered Agent