Fax: 8134365206

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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

: (813)436-5206

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

	Address	:_
(=)		

LLC REGISTERED AGENT CHANGE MARCONI MEDIA 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	tame of the limited liability company: MARCONI MEDIA					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)_	Mailing address o	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10/24/2022	<u>L2;</u>	2000457457			
3.	Date of filing/registration in Florida	4	Document nu	mber		
5. (a	CORPORATE CREATIONS NETWORK INC. Registered Agent and Registered Office shown on the records of t	he Florida De	ept. of State.			
	801 US HICHWAY 1					
	Registered Office Audress <u>(MUST BE FLORIDA STREET A</u>		7924	, te U i		
				ר ט די	7) 1 !	
	NORTH PALM BEACH . FL	33408		. 0		
				, <u></u>		
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered		<u>ء۔</u> ب			
				55		
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	Ct Detection	22704				
	St. Petersburg , F1,	33102				
II the	limited liability company is not organized under the law	s of the St	ate of Florida, it is here	by confirmed that	after	
agent	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	bility comp	oany, it is hereby confi	rmed that the char	ige(s)	
was/w the ar	rere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the limited limited liab	d liability company or . oility company	as otherwise prov	ided in	
Sign	ature of a næmber or authorized representative of a member	<u>Robin J</u>	Printed or typed	I name of signee		
provi: the ol to me	chy accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ge to act in performand I for in Cha wereby conf	this capacity. I furthe w of my duties, and I a upter 605, F.S. Or, if th irm that the limited liad	r agree to comply m familiar with an his document is be bility company ha	with the ul accept ing filed s been	
	David Roberts - Assistant Se	cretary				

Signatuke of Registered Agent