## Florida Department of State

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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

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변호를Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE HALCYON 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. No	ame of the limited liability company: Halcyon	Med	lia Grou	o LLC		
2. (a)			(b)			
	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)			ailing address of lir. (Note: MAY BE P	-	
	7901 4th St N STE 300		7901 4th	n St N STE	300	
	St. Petersburg, FL 33702	<u></u>	St. Peters	burg, FL 337	02	
	12/27/22		L22000	536573		
3.	Date of filing/registration in Florida	4.	Ţ	Document numb	er	
5. (a)	UNITED STATES CORPORATION A	GEN	rs, inc.			
· (-)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:			
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	55)			
	JACKSONVILLE . FI	3220	)2			
(ს)	Registered Agents Inc			<u>:</u>	2025	
( )	Enter name of NEW Registered Agent and/or NEW Registered	1 Office a	ddress:	-	<u> </u>	<u> </u>
	7901 4th St N				2025 JAN -3	FILE
	NEW Registered Office Address:			:	·	D VE
	STE 300			•		€.
	St. Petersburg	_3370	2		AN II: 25	ı

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Robin Jones

Printed or typed name of signee

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 Roberts - Assistant Secretary

Signature of Registered Agent