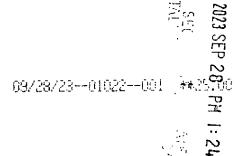
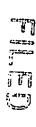


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Office Use Only







COVER LETTER

TO: Registration Section Division of Corporations							
BLU DOG MEDIA LLC							
SUBJECT:Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the	ne following:						
Tiffany Magrino							
Name of Person							
BLU DOG MEDIA LLC							
Firm/Company							
300 OAK ST							
Address							
MELBOURNE BEACH/FL/32951							
City/State and Zip Code							
tiffany.magrino@gmail.com							
E-mail address: (to be used for future annual report no	otification)						
For further information concerning this matter, please call:							
Tiffany Magrino 703	517-5682						
Name of Person	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:

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.

i.	Na	ume of the limited liability company:	BLU DOG MEDIA	\			_	
2.	(a)	Principal office address of limited li		_ (b)	Mailing address of lim	sited liabili	la come	una"
		(Note: MUST BE STREET)			(Note: MAY BE PO			•
3.		Date of filing/registration in	n Florida	4,	Document numbe	er 	<u> </u>	
5.	(a)	ZENBUSINESS INC.						
		Registered Agent and Registered Office sho 336 E. COLLEGE AVE	State:					
		Registered Office Address (MUST BE I SUITE 301	FLORIDA STREET A	<u>DDRESS)</u>		TALL.	2023 SEP	Ħ
		TALLAHASSEE	H	32301		-	P 28	स्यास्य स्यास्यः १ ()
	(b)	TIFFANY MAGRINO					P	
		Enter name of NEW Registered Agent and	/or <u>NEW Registered</u>	Office address:		نڌ جنڌ	1: 24	1,5334
		300 OAK ST				٠ ١٠٠١	+-	
		NEW Registered Office Address:						
		MELBOURNE BEACH	FL_	32951				
ch ag wa	ange ent v as/we	imited liability company is not organ to or changes are made, the Florida str will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	eet address of the I Florida limited lial of the members of	registered offici pility company. Tthe limited lia	e and the business offi , it is hereby confirmed bility company or as o	ice of the d that the	regist chang	ered !e(s)
		IllarAn	- -	TIFFANY N	MAGRINO			
		tuyl of a mythber of authorized representative			Printed or typed nan	_		
pr the to	ovisi e obl mer	by accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered of in syriting of this change.	red agent and agre per and complete p agent as provided office address. I h	e to act in this performance of for in Chapter ereby confirm t	capacity. I further ag my duties, and I am fa 605, F.S. Or, if this a hat the limited liabilit	ree to co miliar w locumen y compa	mply v ith and is bei ny has	with the Laccept ng filed heen

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314