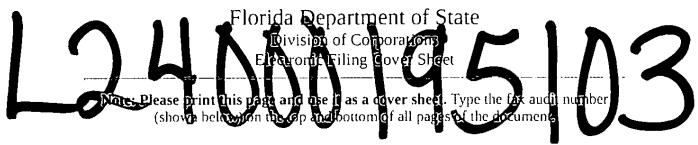
10/30/24, 8:38 AM

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Division of Corporations



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To:

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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.

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LLC REGISTERED AGENT CHANGE PODPOPULI MEDIA LLC

Certificate of Status	0
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M. SOLOMON

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10/30/2024 05.46:24 PDT To 18506176383 Page: 2/2 Fax: 8134365206

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	ame of the limited liability company: PODPOPULI ME	DIA LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited fiability company: (Note: MAY BE POST OFFICE BOX)
	04/25/2024		00195103
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KREUSLER, BOBBY		
	Registered Agent and Registered Office shown on the records of t	he Florida De p t.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	2024 CCT 30	
	WEST PALM BEACH	33407	ω _{γετι}
(b)	NORTHWEST REGISTERED AGENT LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
	7901 4TH ST N		
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	33702	
change agent v was/was/wathe art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the law.	registered offi bility compan f the limited li limited liabilit	ice and the business office of the registered sy, it is hereby confirmed that the change(s) iability company or as otherwise provided in sy company.
Signa	ture of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I here provisi the obi to mer	hy accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I h d in writing of this change.	ce to act in thi performance of for in Chapte ereby confirm	is capacity. I further agree to comply with the
Sund	Taylor Newman		
ារព្រះស	ire/of Registered Agent		