04261

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



600410165556

RA & RO Change

2023 JUN 20 AM 9: 41

2023 JUN 20 AH 11: 28

RECEIVED

A. RAMSEY JUN 2 1 26/23 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| REFERENCE : 810130 7170132 . | | | | | | | | |
| AUTHORIZATION : | | | | | | | | |
| COST LIMIT : \$ 25/00 | | | | | | | | |
| ORDER DATE : June 12, 2023 | | | | | | | | |
| ORDER TIME : 8:57 AM | | | | | | | | |
| ORDER NO. : 810130-210 | | | | | | | | |
| CUSTOMER NO: 7170132 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: RADIO NETWORKS, LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | | | |

EXAMINER'S INITIALS:

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.

| Na | ame of the limited liability company: RADIO NETWO | ORKS, LLC | | | |
|--|---|--|---|---|---|
| (a) | 780 Johnson Ferry Road NE | (b) | | | |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | N | failing address of limit (Note: MAY BE PO! | |
| | Suite 500 | | | | |
| | Atlanta, GA 30342 | | | | |
| | 08/02/2006 | M00 | 0000426 | 1 | |
| | Date of filing/registration in Florida | 4. | I | Document number | |
| (a) | C T Corporation System | | | | _ |
| (a) | Registered Agent and Registered Office shown on the records of | the Florida Dep | t. of State: | : | 25 C |
| | 1200 South Pine Island Road | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 120 120 131 133 133 133 133 133 133 133 133 13 |
| | Plantation , FL | 33324 | | | 2023 JUN 20 M 9: 41 |
| | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address | | | 26.1 |
| | Effect frame of NEW Registered Agent and A MEN Registered | O III C ACCIONA | · | | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | Tallahassee | 32301 | | | |
| nge nt w /we artio | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited in the companization of the operating agreement of the limited in the companization of a member or authorized representative of a member by accept the appointment as registered agent and agree | registered of ability compa of the limited limited liabil | fice and my, it is liability ity comp i, Author | the business office hereby confirmed (company or as oth bany. ized Person Printed or typed name | that the change(s) herwise provided in |
| eret visio obli nere ifiea | ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change. | performance If for in Chap pereby confiri rporation S | of my di ter 605, m that th Service | ities, and I am fain F.S. Or, if this doe te limited liability of Company | iliar with and accept cument is being filed company has been |
| | Clo IV Sep Am | | | t. Vice Presiden | |
| natur | e of Registered Agent | • | | | |