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(Re	equestor's Name)				
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SECRETARY OF STATE

2017 APR 24 PN 2: 12
SECTION OF STATE
ANASSEE FOR STATE

D. BRUCE APR 25 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT 1	NO. :	120000000	195		
	REFERE	NCE 🚉	608468			
	AUTHORIZAT	ION ALL	Eleman	<u> </u>		
	COST LI	MIT :-	\$ 25.00			
ORDER DATE : A	April 20, 20	17				
ORDER TIME :	10:31 PM					
ORDER NO. : 6	608468-265			-		
CUSTOMER NO:	4813078			TAL	2017	
	CHANGE (OF AGEN	<u></u>	LAHASSEE, FL	- - 25	- <u>m</u> m m
NAME:	ABC RADIO LLC	NETWOR	KS ASSETS,	SSEE, FLORIDA	5 t 5	٠.
PLEASE RETURN T		G AS PR	OOF OF FILE	ING:		
	IED COPY STAMPED COPY					
CONTACT PERSON:	: Melissa Ze	ender				

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.

l.	Na	me of the limited liability company: ABC Radio Netwo	orks Ass	ets, LLC				
2: (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of li	imited liabi POST OF I	ility com	pany:
		77 West 66th Street New York, NY 10023	-		h Buena Vista S CA 91521			
		`08/02/2006	_	M060000				
3.		Date of filing/registration in Florida	4.		Document num	ber		
		Registered Agent and Registered Office shown on the records of the Jeffrey S. Craigmile Registered Office Address (MUST BE FLORIDA STREET AL 1375 East Buena Vista Drive. 4th Floor North Lake Buena Vista , FL Enter name of NEW Registered Agent and/or NEW Registered Office Address:	32830			SECRETARY OF STATE TALLAHASSEE, FLORIDA	2017 APR 24 A 10: 45	FILED
		1375 East Buena Vista Drive, 4th Floor North Lake Buena Vista , FL	32830					
the dager was/	chai it w we artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab re of a member or authorized representative of a member	he regist pility con the limi mited li	ered office npany, it is ted liability ability com	and the business hereby confirm company or as	s office of that the otherwise	of the r he chan ie provi	egistéred ge(s)
prov the o to m notij	visio obli ere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change. To of Registered Agent Margaret C: Giacalone Division of Corporations P.O. Bo	erforma for in C reby co	nce of my e hapter 605 yirm that i	luties, and I am , F.S. Or, if this he limited liabil	ngree to c familiar documei ity comp	comply with ar nt is be any ha:	with the ad accept ing filed s been

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