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PICK-UP	Mait	MAIL				
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(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to F	-iling Officer					

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 581992 7348096

AUTHORIZATION : Spell & Total

COST LIMIT : \$\sqrt{2}\cdots_00

ORDER DATE: March 30, 2022

ORDER TIME : 9:51 AM

ORDER NO. : 581992-006

CUSTOMER NO: 7348096

CHANGE OF AGENT

NAME: BROTHERS MEDIA GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

1.	Na	me of the limited liability company: BROTHERS MEI	DIA G	RO	UP, LLC	
2.	(a)	5220 BELFORT ROAD		(b) 5220 BELFORT ROAD		
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 400	_		SUITE 40	00
		JACKSONVILLE, FL 32256	_		JACKSO	NVILLE, FL 32256
		11/15/2007		٨	40700000	6758
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	DANIELS, JERRY				
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			Dept. of Stat	e:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			s 2	
		SUITE 400				P 2022 HAR SECRLIA
		JACKSONVILLE FL	32082	?		
						CO CONTRACTOR CONTRACT
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation Service Company</u>	Office address:		ress:	SEE, FL
		NEW Registered Office Address:		-		-
		1201 Hays Street				_
		Tallahassee FL_	32301			_
ch ag wa	ange ent v s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste fility (the li	red con mit	office and office and office and office and office of the	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		/S/Tamara Bebb	Ta	ma	ıra Bebb,	
5	Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
pre the to	visi obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ilv reflect a change in the registered office address, I he I in writing of this change.	e to ac erforn for in rehy c	ct in nan Ch con	n this capa ice of my a apter 605 firm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Çi.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Draw L-Knbly				
	•	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O. Bo	ox 63:	27•	Tallahas	ssee, FL 32314

FILING FEE: \$25.00

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