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B. BOSTICK NOV 1 5 2012 EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Sanow Media LCC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following: Dark Walk Name of Person		
Name of Person at (561) 961-7733 Area Code & Daytime Telephone Numbers		
Name of Person Area Code & Daytime Telephone Number:		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Ftortaa.	
1. Name of the limited liability company:	SANDOW Modia LLC
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 3651 N.W. 8th Are Suite zoo Boca Raton, FL 3343
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Summe as a Long
Feb 24 2012	M0800001013
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Adam I SANDON
Registered Office Address:	_ 3731 N.W. 8th Ae
	BOCA Rator FL 33431
(b) Enter name of NEW Registered Agent and/or	r NEW Registered Office address:
NEW Registered Agent:	Adam. I SANDUN
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3651 N.W. Et Ave Suite 200 Bock Roton FL 33431
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the limited of the limited liability company with the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of the limited liability confirmation of the limited liability confirmation.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or any.
Signature of Registered Agent	
Division of Cornerations, P.O. B	ox 6327. Tallahassee, FL 32314

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FILING FEE: \$25.00

INHS18 (05/08)