M0900000663

| (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: | | | | | |
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Office Use Only



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2024 APR 23 AM 10: 02



115°N CALHOUN ST., "\$TE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date: | 04/23/2024 | |
|------------|--|----------------------|
| Name:_ | Patrice Rush | _ |
| | ce #: 2330959 | _ |
| | ame: WASSERMAN | MEDIA GROUP, LLC |
| A | rticles of Incorporation/Authorization | to Transact Business |
| A | mendment | |
| √ C | hange of Agent | |
| □ R | einstatement | |
| c | onversion | |
| □М | lerger | |
| □ D | issolution/Withdrawal | |
| ☐ Fi | ictitious Name | |
| | ther | |
| | | |
| Authoriz | ed Amount: \$25.00 | <u> </u> |
| Signatur | e: Pull | |

F: 800.944.6607

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. N | Tame of the limited liability company:WASSEF | <u>RMAN</u> | MED | IA GROUP, LLC |
|------------------------------------|---|--|--|--|
| 2. (a) | | _ (b) | | |
| - . () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | • | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | No Change | _ | No Char | nge |
| | February 17, 2009 | | | 109000000663 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a | CORPORATION SERVICE COMPANY | | | |
| (b) | Registered Agent and Registered Office shown on the records of the 1201 Hayes Street Registered Office Address (MUST BE FLORIDA STREET A | | Dept. of State | |
| | | 32301 | | FILED 2024 APR 23 AM 10: 02 IALLAHASSEE, FLORIDA |
| | COGENCY CLORALING | | | AMIO: 02 |
| | 115 North Calhoun St., Suite 4 | | | DA 2 |
| | NEW Registered Office Address: | | | _ |
| | Tallahassee, FL_ | 32301 | | - |
| the ch agent was/v | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regist bility cou f the limi | ered office upany, it i ted liabilit | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| /s/ N | Mike Pickles | Mike | Pickles | Authorized Person |
| I her provi. the ol to me | nature of a member or authorized representative of a member eby accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I h ed in writing of this change. | ee to act performa I for in C vereby co | in this cap nce of my hapter 602 nfirm that | Printed or typed name of signee acity. I further agree to comply with the duties, and I am jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| • | Timothy Mayville | | | |
| | ture of Registered Agent Timothy Mayville, Assistant | Secreta | ry | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00