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(Re	questor's Name)			
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CORPORATION SERVICE COMPANY'	ACCOUNT NO.	:	I20000001	95
	REFERENCE	:	229581	4306747
	AUTHORIZATION	:	Vail Bl	ma
	COST LIMIT	:	\$ 25.00	men
ORDER DATE : 3	July 24, 2014			
ORDER TIME :	8:39 AM			
ORDER NO. : 2	229581-005			
CUSTOMER NO:	4306747			
	• • •			

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## CHANGE OF AGENT

NAME: TRIAD DIGITAL MEDIA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXX\_\_\_\_\_PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray

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	ame of the limited liability company: <u>Triad Digital Mec</u>	lia, LLC	,		-
2.	(a)		(b	)		
	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability (Note: MAY BE POST OFFIC	company:	-
		100 Carillon Parkway, Suite 100		100 Carillon Parkway, Suite 100		-
		St. Petersburg, FL 33716	-	St. Petersburg, FL 33716		_
		10/9/2009		M0900004012		_
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Berdusco, Roger				
	()	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	SEC 5	
		100 Carillon Parkway			14 JUL 25 PH SECRETARY OF ALLAHASSEE.	
					TAR IASS	
		St. Petersburg , FL	33716	<u></u>		, <u> </u>
	(b)	Corporation Service Company				
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office add	dress:	STA	•
					See 2	5
		1201 Hays Street				
		<u>NEW</u> Registered Office Address:				
		Tallahassee, FL	32301			
the ag wa the	e cha ent v as/we e arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co the lim imited l	stered office and the business office of ompany, it is hereby confirmed that the ited liability company or as otherwise liability company.	the registered change(s)	d
		ture of a member or authorized representative of a member	Daw	vn Short, Authorized Representative		_
pr the	nere ovisi 2 obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided	e to act perform for in C	i in inis capacity. I further agree to con ance of my duties, and I am familiar wi Chapter 605, F.S. Or, if this document	nply with the ith and accep is being filed	e of l

APPROVED

io merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Corporation Service Company BY: Emily Gray Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

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