M0900004555

. (R	equestor's Name)	
. (A	ddress)	
•	,	
(Address)		
•		
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	JUL	1 7 2013
A. LUNT		
	- -	

Office Use Only

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SECRETARY OF STATE

HA 91 JIT E16

06/05/13--01023--017 **35.00



June 21, 2013

KRISTINA BELL 5190 NEIL ROAD SUITE 430 RENO, NV 89502

SUBJECT: LIBERTY MEDIA HOLDINGS LLC

Ref. Number: M09000004555

We have received your document for LIBERTY MEDIA HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 613A00015671

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LIBERTY MEDIA HO	DLDINGS LLC	
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
COURTNEY WERNETTÉ		
(Name of Person)		
PROCESSING DEPARTMENT		
(Firm Company)		
5190 NEIL ROAD, SUITE 430		
(Address)		
RENO, NV 89502		
(City ² State and Zip Code)		
For further information concerning this matter	r, please call:	
PROCESSING DEPARTMENT	at (800) 638-2320	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee: Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	; amount:	
S25 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 Statules, 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. Name of the limited liability company: LIBERTY M	EDIA HOLDINGS LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 4262 BLUE DIAMOND ROAD, SUITE 102-377 LAS VEGAS, NV 89139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/18/2009 3. Date of filing/registration in Florida	M09000004555 E (A 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2
5. (a) Registered Agent and Registered Office shown on a	
Registered Agent:	WALTERS, LAWRENCE G ESQ.
Registered Office Address:	195 W. PINE AVE LONGWOOD, FL 32750-4104
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	BUSINESS FILINGS INCORPORATED B
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. PARK AVENUE TALLAHASSEE G. , F.L. 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cancer of the registered agent will be identical. Or, in the cancer of the registered agent will be identical. Or, in the cancer of the registered agent and the change of the provided in the articles of liability company or as otherwise provided in the articles of limited liability company. 1	naws of the State of Florida, it is hereby confirmed a address of the registered office and the business asc of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the

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

INHS18 (05/08)

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