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(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doo	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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19 SEP -3 照知: 49 2019 SEP -3 MillO: 43

F GLASS SEP 0 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 899920

7705174

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: August 28, 2019

ORDER TIME : 5:16 PM

ORDER NO. : 899920-010

CUSTOMER NO: 7705174

CHANGE OF AGENT

NAME: MARTIN OUTDOOR MEDIA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations			
subject: _ martin Outdoo			
	my company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Reca Porter Name of Person			
Insite Street Media Firm/Company			
200 Mansell Ot. Se 325	<u>)</u> .: <u>5 </u>	2019 SEP -	31
Roswell, GA 30076 City/State and Zip Code	<u> </u>	3 KH 10: 43	
·	·	<u>:</u>	ı
E-mail address: (to be used for future annual report	notification)	43	
For further information concerning this matter, please cal	II:		
Reca Porter at (_C	078) 743 - 0033 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 (2/14)	••		

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. Name of the limited liability company: Mortin Outdoor	Media UC
2 (a)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS)	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
XDO Mansell Gt E Suite 325 200 n	MUNSELL GLT. S. to 2
Roswell, GA 30076 Rosu	ell GA 30076
4/18/2011 MILI	00001968
3. Date of filing/registration in Florida 4. Do	ocument number
5. (a) + Lutic, Glenn Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
150 N/ 1 70th A. 10 St. 7	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
ESTABLE TROPION STREET ADDRESS)	
Plantation ,FL 33317	201
4) 0, 0, 1, 2	43S 6
(b) Corporation Service Company	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	ム 声談景
1201 Hays Street	A COPY
NEW Registered Office Address:	0.
	ω
Tallahassee , FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, the change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is here was/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the operating agreement of the limited liability company	the business office of the registered by confirmed that the change(s)
Signature of a member or authorized representative of a member Print	Dorter
I hereby accept the composition	ed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties the obligations of my position as registered agent as provided for in Chapter 605, F.S. to merely reflect a change in the registered office address, I hereby confirm that the line notified in writing of this change.	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been
Signature of Registered Annual Control Tu	rner
Signature of Registered Agent Corporation Service Company BY: Asst. Vice Pre	sident

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