## M1300002401

(Re	questor's Name)		
(Address)			
(Address)			
	ry/State/Zip/Phone	- #1	
(CII	iy/State/Zip/F1101R	= π)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
	_	<del></del>	
Special Instructions to Filing Officer:			
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Office Use Only



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CSC - WILMINGTON
Surte 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen ccullen1@cscinfo.com

Date: July 10, 2013

Order#: 695176-020

Re: MOGULDOM MEDIA GROUP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Courtney Cullen c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Purituant 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.

Name of the limited liability company: MOGULDON	MEDIA GROUP LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 5211 NW 33RD Avenue Tamarac FL 33309	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5211 NW 33RD Avenue Tamarac FL 33309	1 1 2 T
04/15/2013	M13000002401	12: 18
3. Date of filing/registration in Florida	<ol><li>Document number</li></ol>	
5. (a) Registered Agent and Registered Office shown		pt. of State:
Registered Agent:	Ben Jamarlin Martin	
Registered Office Address:	5211 NW 33RD Avenue Tamarac FL 33309	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Corporation Service Company	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<del></del>
(MUSI DE FLORIDA SIREEI ADDRESS)	Taliahassee	,FL 32301
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a limited or authorized representative of a member.	e Florida street address of the relentical. Or, in the case of a Flore(s) was/were authorized by an armise provided in the articles of	gistered office rida limited affirmative vote of
Jamarlin Martin		
Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity.  I proper and complete performant  I position as registered agent as  I merely reflect a change in the repany has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.

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

Corporation Service Company April Hudson, Asst VP

Signature of Registered Agent