



Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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LLC REGISTERED AGENT CHANGE EDITION MANAGEMENT LLC

| Certificate of Status | 0 |
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Help

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.

| . N | ame of the limited liability company: EDITION MANAGE | GEMENT LLC | |
|-----------------------------------|---|---|--|
| . (a) | no change | (b) | nge |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 08/28/2013 | M130000 | |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | Registered Agent and Registered Office shown on the records of the CORPORATE CREATIONS NETWORK INC. Registered Office Address (MUST BE FLORIDA STREET AD 11380 PROSPERITY FARMS ROAD #221E | e Florida Dept. of S: | 73 LL |
| | PALM BEACH GARDENS , FL 3: | | - EB 2 |
| | Enter name of <u>NEW Registered Acent</u> and/or <u>NEW Registered Of</u> CT Corporation System <u>NEW</u> Registered Office Address: | Hice Address: | A II: 02 |
| | 1200 South Pine Island Road | | |
| | Plantation FL 3: | 3324 | - - |
| nt wis/wen | nited liability company is not organized under the laws go or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liabile authorized by an all symptoms vote of the members of the soft organization of the operating agreement of the line. | a variational office | an and the breaks are compared to the second |
| | e of a member of authorized representative of a member | <u></u> | Printed or typed name of signee |
| reby visior oblig terely | accept the dipointment as registered agent and agree as of all standes relative to the proper and complete per ations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change, | to act in this cap formance of my or in Chapter 60, eby confirm that | autes, and I am Jamiliar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been |
| • | oration System | Alfred | Secretary |

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