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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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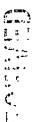
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LLC REGISTERED AGENT CHANGE SCRIPPS INTERNATIONAL MEDIA HOLDINGS, LLC

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## 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. N	ame of the limited liability company: Scripps Internation	onal Media I	loldings, L	LC		
2 (a)	0721 Shorell Boulevard	1	9721 Shorrill Boulevard			
- (	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		.\	ding address of limited liability company:  Note: MAY BE POST OFFICE BOX)		
	Knoxville, Tennessee 37932	i	Cnoxville,	Tennessee 37932		
	10/15/2014	М	14000007-	47 L		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Corporation Service Company					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1201 HAYS ST					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			. •	2023	
	Tallabassee , FI	32301		; ; -	2023 MAR 10	2 四次
	C T Corporation System				O PM	53
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>27.</u>		1 2: 52	
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantauon FI	33324				
the ch agent was w the ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registe liability com of the limite dimited liab	red office pany, it is id liability	and the business office hereby confirmed that company or as otherw pany.	e of the regi the change	stered (s)
Signature of a member or authorized representative of a member			Printed or typed name of signee			
I here provis the ob- to me- notific By:	why accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, lead in writing of this change.  C.T. Corporation System  C.T. Corporation System  C.T. Corporation System  C.T. Corporation System	rev 16 act n 2 performan 2d for in Ch hereby con	this cape ce of my c apier 605 firm that t	wiw. I further agree to httles, and I am familio F.S. Or, if this docun the limited hobility con	o comply wis ir with and c ient is heing ipany has b	th the accept gfiled den