To: T8506176383 From: 14693173436 Date: 01/14/21 Time: 1:02 PM Page: 01/02

Florida Department of/State Division of Corporations Hectronic Fling Cover Sheet

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To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

> ■■Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ●■

Email Address:_____

LLC REGISTERED AGENT CHANGE ALLOVER MEDIA, LLC

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Corporate Filing Menu

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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. Na	me of the limited liability company: AllOver Media	a, LLC				
			(b)			
,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of fNote: MAY BE		•
	3333 Richmond Road, Suite 320, Beachwood,		3333 Riel	imond Road, Suite	320, E	Beachwood,
	Ohio, USA, 44122		Ohio, US.	A, 44122		
	08/31/2017		M1700000	7539		
3.	Date of filing/registration in Florida	4,		Document num	ber	
5. (a)				_		
,	Registered Agent and Registered Office shown on the records CT CORPORATION SYSTEM	s of the Flon	da Dept of Sta	le.		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRE.	<u></u>			
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 33324		_	ħ.	10
	,	ru		-	ii 2	<u>(</u>
(b)				_	•	-
	Enter name of NEW Registered Agent and/or NEW Register	ered Office	udress			
	LEGALING CORPORATE SERVICES INC.					
	NEW Registered Office Address			_	¥	on 4 -
	5237 SUMMERLIN COMMONS BLVD. SUITE 400)				$\frac{\omega}{2}$
				_		
	FORT MYERS	.FL_33907				
Signa Signa I here provis the obt to mer notifie	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the accept the appointment as registered agent and coins of all statitus relative to the proper and completing attentions of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	the registed liability of the limited Dr.	red office are company, it is mited liabili liability con avid A. Eli	nd the business of is hereby confirming ty company or a mpany. Printed or typed in pacific of the further typed in the further typed i	name of agree a familist documents	of the registered at the change(s) wise provided in signed to comply with the lar with and accept ment is being filed impany has been
Signati	irdo Registered Agent			(((11210000	10-70	- J///
/	Division of Corporations P.0 FILING	O. Box 63 G FEE: \$2		issee, FL 32314		