M1700000 9336

	 	
(Ke	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- #1)
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

D BRUCE AUG 15 2020

COVER LETTER

TO: Registration Section Division of Corporations					
Cora Media LLC SUBJECT:				_	
	Name of Limited L	liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	following:			
David Jackson					
Name of Person					
Cora Media LLC					
Firm/Company		<u> </u>			
110 East Atlantic Ave, Ste 320			ئار ئاد	202	
Address			ORE)	2020 JUN 29	
Delray Beach, FL 33444			AHAS	129	TO STORE
City/State and Zip Cod	le		XX Fire	74 :0: HV	
davidj@otterconsulting.com			严重	چ	
E-mail address: (to be used for future	annual report noti	fication)	Lr.	.	
For further information concerning this mat	ter, please call:				
David Jackson	561 at (869-3755			
Name of Person		Area Code & Daytime Teleph	one Numb	er	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	iite 810		
Enclosed is a check for the follow	ing 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. Na	ame of the limited liability company: Cora Media, LLC	;		<u>-</u>		
2. (a)			(b)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*) <u></u>	Mailing address o	of limited liability e	ompany:
	110 East Atlantic Ave, Ste 320		110 East 2	Atlantic Ave, Ste	: 320	
	Delray Beach, FL 33444		Delray Be	each, FL 33444		
	10/31/2017		M17000009	9336		
3.	Date of filing/registration in Florida	4.		Document nur	mber	
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	— ite;		
	Eric Seid		·			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:SS)	_		
	1200 N Federal Hwy, Suite 411			_		
	Boca Raton	33432			SE SE	
	, , , ,	<u> </u>			ZUZU JUN 29 SECRETAR TALLAHA	i estanti
(b)					E ZA	
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		H 5 29	75245
	Eric Seid				EN OF STATE	
	NEW Registered Office Address:			_		•
	110 East Atlantic Ave, Ste 320			_	ਜਾ €	
	Delray Beach , Fl	33444 L				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	regist ability of the l	ered office ar company, it imited liabili	nd the business is hereby confir ty company or a mpany.	office of the re- rmed that the ch	gistered lange(s)
Signa	ture of a member or authorized representative of a member		<u>-</u>	Printed or typed	I name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for it hereby	ict in this cap mance of my i Chapter 60 confirm that	pacity, I further duties, and I at 5, F.S. Or, if th the limited liah	r agree to comp m familiar with his document is bility company i	ly with the and accept being filed has been
Signatu	are of Registered Agent					