

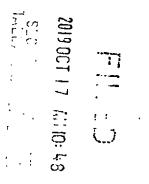
(Reques	tor's Name	·)	
(Address	5)		
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(City/Sta	te/Zip/Pho	ne #)	
PICK-UP] WAIT		MAIL
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(Docume	ent Numbe	r)	
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V STILKER NOV 0 5 2019

COVER LETTER

	stration S sion of Co	ection orporations			
SUBJECT:	You	ng's Commur			
		Name of Forei	ign Limited Li	ability Comp	any
Dear Sir or N	Aadam;				
The enclosed	I applicat	ion, certificate and fee(s) are submitte	I for filing.	
Please return	all corre	spondence concerning the	his matter to th	e following:	
	K	athy Ballam			
		Name of Person			
API Pro	oces	sing - Licensii	ng, Inc.		
		Firm/Company			
3419 G	alt C	cean Drive, S	Suite A		
		Address			
Fort La	auder	dale, FL 333	08		
		City/State and Zip Cod			
kath	v@a	piprocessing.	com		
		be used for future annua		cation)	
			·		
For further in	iformatio	n concerning this matter	r, please call:		
Katl	hy Ba	allam	at (954	, 5	67-0013
	Name	of Person		de & Daytim	e Telephone Number
Regis Divis Clifte 2661	stration S sion of Co on Buildi Executiv	orporations		Registra Divisio P.O. Be	ING ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a \$25 Filing		or the following amount \$30 Filing Fee & Certificate of Status	☐ \$55 F	iling Fee & Ted Copy	S60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on	the records of the Florida D	Department of		
State: Young's Communications, LL	.C			
State:	•			
Enter new principal office address, if applicable:				
(<u>Principal office uddress</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable:				
(Mailing address				
MAY BE A POST OFFICE BOX				
_				
2. The Florida document number of this limited liabilit	y company is: M19000	009364		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: Septe	ember 30, 2019	~-		
SECTION II (5-9 complete only the applicable char		2019 OCT		
5. New name of the limited liability company:				
(must con	ntain "Limited Liability Cor	npany, " "L.L.C.," or "LLC.").		
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managi must contain "Limited Liability Company," "L.L.C." of	the purpose of transacting bing members adopting the alor "LLC.")	ternate name. The alternate name		
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addre		s. enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
TVCW Registered Office / Rediess.	Enter Florida	a Street Address		
	Planta			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this contains the contain	nd agree to act in this capac complete performance of n Lagent as provided for in C ne registered office address,	ny duties, and I am familiar with hapter 605, F.S. Ov, if this		

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	Name	<u>Address</u>	Type of Actio		
MGR	Steve A. Young	424 West Drive	Add		
		Melbourne, FL 329	004 Remo		
			Add		
			Remo		
			bbA		
		<u> </u>	Remov		
			Add		
			Remove		
<u>-</u> _			Add		
aforemention	certificate, if required: no more than 90 ed amendment(s), duly authenticated by nder the law of which this entity is organ	the official having custody of records in the	Remov		
	Signature of	the authopized representative			

Filing Fee: \$25.00