Par000082290

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: E MEDIA DIRECT, INC.	Corporation)
DOCUMENT NUMBER: P06000082290	
The enclosed Statement of Change of Registered Office	ve/A gent and fee are submitted for filing
Please return all correspondence concerning this matte	er to the following:
Kenneth R. Uncapher	
(Name of Co	ontact Person)
Carlton Fields, P.A.	•
(Firm/C	ompany)
	•
Post Office Box 1171	
(Add	lress)
Orlando,FL 32802-1171	
(City/State a	nd Zip Code)
For further information concerning this matter, please	call:
Kenneth R. Uncapher	× 407 × 849-0300
(Name of Contact Person)	at (407) 849-0300 (Area Code & Daytime Telephone Number)
·	
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

\bullet STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ck	te provisions of sections 607.0502, 617.0502, 607.1508, 6r 617.1508, Florida Statutes, this can be submitted for a corporation organized under the laws of the State of Florida. State of Florida.
1. The name of	f the corporation: E MEDIA DIRECT, INC.
	al office address: 2221 LEE RD., SUITE 17, WINTER PARK, FL 32789
 	
3. The mailing	address (if different): SAME
4. Date of inco	rporation/qualification: 06/15/2006 Document number: P06000082290
	nd street address of the current registered agent and registered office on file with the artment of State:
	DECUBELLIS, MEEKS & UNCAPHER, P. A.
	837 N. GARLAND AVE.
	837 N. GARLAND AVE. ORLANDO, FL 32801
6. The name are (if changed):	nd street address of the new registered agent (if changed) and /or registered office
	CFRA, LLC
	4221 W. BOY SCOUT BLVD., 10TH FLOOR
	(P.O. Box NOT acceptable) TAMPA, FL 33607
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such eliange wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.
Signa	Ray mond Burghard, fresident (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ting filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
	ignature of Registered Agent (Date)
`.	ehalf of an entity:
Kenne	
	Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * * .: