P06000085004

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600297127796

05/02/17--01013--006 **35.00



5/1/01

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CD Media, Inc. Name of Corporation
DOCUMENT NUMBER: <u>P66000 6 8 5 6 6 4</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chr. string Descer
CD Media Inc.
3725 Myctie Hill Way
Lakeland FL 33811 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Decicer at (863) 343-8111 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha		or a corporation o	rganized under t		of Flocido	_
	the corporation:					
		3725	,	H-11 Wa	y (ne	دسک
3. The mailing a	address (if differer				199	
4. Date of incor	poration/qualificat	ion: 7 110	6 Docui	ment number:	0600008	7005
	d street address of rtment of State: (11			istered office on fi	le with the	<u>.</u>
	<u>Cl</u> ;	at ED	eBoer			曼型
	72	57 Colle	ge Ave	2		7 7
		Keland.	-	1088	SEE OF	三三
6. The name and (if changed):	d street address of	the new registered	agent (if change	d) and /or registere	d office	32.5
		int E	DeBoe	<u> </u>	<u> </u>	·
	3-	125 My				
		akeland	,			
The street address changed will	ess of its registere I be identical.	d office and the st	reet address of the	ne business office	of its registered ag	ent.
Such change wa authorized by the	as authorized by r he board, or the co	esolution duly add orporation has bee	opted by its board in notified in wri	l of directors or by ling of the change.	an officer so	
CO. A. Signail	are of the ornicer of direct	or	Chri	Printed or typed name a	Bee, UP	_
I hereby accept I further agree performance of agent Oy fif th hereby objfirm	the appointment to comply with the fmy duties, and Lo is document is be, that the corporat	as registered ager e provisions of all am familiar with a ing filed merely to ion has been notif.	,		complete ition as registered office address, I	
	mature of Registered Ag	ent	4-	28-17 Date		_
<u> </u>	chalf of an entity:					
	'yped or Printed Name					
		* * * FILING	FEE: \$35.00 *	* *		