(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special instructions to Filing Officer:				
	,			

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12/27/10--01023--022 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporation	ons				
SUBJ	ECT:	MLP Adverti	sing			
DOC	UMENT NUMBER:	•	0004956			
			gent and fee are submitted for filing.			
			_			
Piease	e return an corresponden	ce concerning this matter to	the following:			
	P. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Marc Plo Name of Conta	TKIN T Person			
		Name of Conta	et i cison			
		MLP Adver	tisina			
		Firm/Comp				
		1720 NE 199	h Street			
		Address	S			
		Miami FL 3	3179			
		City/State and 2	ip Code			
		makmedia@bell	south net			
	E-mail address: (to be used for future annual report notification)					
			·.			
For fu	rther information concer	ning this matter, please call:				
	Mara Di	-41.1	205			
	Marc Ple Name of Conta		Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check ma	de payable to the Departme	nt of State.			
	Mailir	g Address: dment Section	Street Address: Amendment Section			
		on of Corporations				
		on of Corporations Box 6327	Division of Corporations Clifton Building			
		assee, FL 32314	2661 Executive Center Circle			
	i dirai		(Tallahassee, FL 32301			

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

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State is submitted for a corporation organized under the laws of the State of Flore change its registered office or registered agent, or both, in the State of Flore	orida
	corporation: MLP Advertising , いしい	<u></u>
	ice address: 1720 NE 199th Street	
3. The mailing addre	ess (if different):	
4. Date of incorporat	ation/qualification: 1/2009 Document number: P10	0000004956
	eet address of the current registered agent and registered office on file with tent of State: (If resigned, enter resigned).	he
Co	orportation Service Company	
12	201 Hays Street	
Ta	allahassee FL 32301	orvie 10
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office	27
Ma	arc Plotkin	PX
· v :		PH 1: 00
17	P.O. Box NOT acceptable 720 NE 199th Street Miami FL 33179	0 %
	of its registered office and the street address of the business office of its reidentical.	
Such change was au authorized by the bo	uthorized by resolution duly adopted by its board of directors or by an of loard of the corporation has been notified in writing of the change.	ficer so
/hun (an officer of director Warship Printed or typed name and title	Plotkin
I further agree to co of my duties, and I a document is heing fi	appointment as registered agent and agree to act in this capacity. omply with the provisions of all statutes relative to the proper and compl am familiar with and accept the obligation of my position as registered a filed merely to reflect a change in the registered office address, I hereby to en notified in writing of this change. When ID	ete performance igent. Or, if this confirm that the
Signature	re of Registered Agent Date	
If signing on behalf	f of an entity:	
Typed C	or Printed Name	
**	* * * FILING FEE: \$35.00 * * *	