

T13000001121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

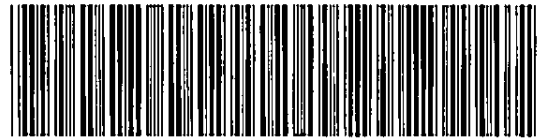
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T13-1121

TM/SM OWNER NAME CHANGE

11/07/17--01013--001 **750.00

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DIVISION OF CORPORATION
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N. CAUSSEUX

NOV 07 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOOK LOCAL

(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Crystal Broughan

(Contact Person)

Marks Gray, P.A.

(Firm/Company)

1200 Riverplace Boulevard, Suite 800

(Address)

Jacksonville, FL 32207

(City, State and Zip Code)

For further information concerning this matter, please call:

Crystal Broughan

(Name of Contact Person)

at (904) 807-2180

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$50 Filing Fee and Certificate of
Registration (Free of Charge)

\$102.50 Filing Fee, Certified Copy,
and Certificate of Registration (Free
of Charge)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF CHANGE OF NAME
OF THE REGISTRANT OR APPLICANT OF A
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: LOOK LOCAL

2. Registration Number: T13000001121

3. Date of Registration: 11/12/2013

4. a. Name of owner as it appears on the trademark/service mark registration:
POST-NEWSWEEK STATIONS FLORIDA, INC.

b. Address of owner as it appears on the trademark/service mark registration:
4 BROADCAST PLACE
JACKSONVILLE, FL 32207

5. a. New name of owner:
GRAHAM MEDIA GROUP FLORIDA, INC.

b. New mailing address, if applicable:

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DIVISION OF CONSUMER PROTECTION
2013 NOV -7 PM 4:09

SIGNATURE:

Owner's Signature: *[Handwritten Signature]*, P.O.A.
Typed/Printed Name of Person Signing: Crystal Broughan

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me on this 27th day of October, 2017

Crystal Broughan
(Enter Name of Person Signing Above)

who is personally known to me or whose identity I

proved on the basis of _____

(Seal)

[Handwritten Signature]
Notary Public's Signature

Notary Public's Printed Name

My Commission Expires: _____

(Attach additional sheet if necessary)



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DIVISION OF CORPORATE REGISTRATION
9817 NOV -7 PM 4:09

Filing fee: \$50.00
Certificate of Registration: Issued Free of Charge
Certified Copy (optional): \$52.50