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

September 13, 2018

Re: Designation of Florida Registered Agent

Document No. L14000181335, AMC CLASSICS LLC

To whom it may concern,

Enclosed are Statement of Change of Registered Agent and \$25 check payment and a copy of your letter no. 918A00015925.

The former registered agent who resigned is now to be reinstated.

Best regards,

Stephan W. Schenk, Esq.

Of Counsel

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

r tortaa.	•
1. Name of the limited liability company: AMC CLASU	rics LLC
2. (a) (b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
Mani Fr 33131	00 & Sauce as principal
Mani F2 33131	addens.
3. Date of filing/registration in Florida 4.	L 14000 181 335
3. Date of filing/registration in Florida 4.	Document number
5 (a)	
5. (a) Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
MANOS SCHENK PL	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<del></del>
1001 Brichell Bay Drive, Suite 6.	200
Miami .FL 334	<i>3)</i> : :
(b) MANDS SCHEM PL	٠
Enter name of NEW Registered Agent and/or NEW Registered Office add	ress:
MANOS SCHELK PL	 
NEW Registered Office Address:	
1001 Brickell Bay Drive, Sint	= 1 Los
Mami FL 33	<u> </u>
If the limited liability company is not organized under the laws of the Sthe change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability conwas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited lim	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signature of a member of authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performa the obligations of my position as registered agent as provided for in C to merely reflect a change in the registered office address, I hereby co notified in writing of this change.  Ton J. MAN 05	nce of my duties, and I am Jamiliar with and accept hapter 605 F.S. Or, if this document is beine filed
Signature of Registered Agen	
Division of Corporations • P.O. Box 63276	Tallahassee, FL 32314

FILING FEE: \$25.00