## MD80000ams

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(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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JUL 1 7 2015 S. YOUR O



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

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To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 14, 2015

Order#: 699546-011

Re: PHOENIX THEATRES ENTERTAINMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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.

1. N	ame of the limited liability company: PHOENIX THE	EATRES ENTE	ERTAINMENT, LLC			
2. (a)	9111 CROSS PARK DR STE E-275  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	KNOXVILLE TN 37923					
	05/08/2008	M(	08000002178			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	INCORP SERVICES, INC.					
(-)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	17888 67TH COURT NORTH					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
•						
-	LOXAHATCHEE , F	L <u>33470</u>	TILED			
(b)	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	2 10			
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee , F	L <u>32301</u>				
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
	()26	Dona Pr	iebe, Authorized Person			
I here provis the ob to mer	aturation to the member of authorized representative of a member of the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	e performance led for in Chap	of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed			
notifie	ire of Registered Agent Corporation Service Company		E. Kirby, Asst. Vice President			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
-	LOXAHATCHEE , FL	33470	THE BELLED
(b)	Corporation Service Company		100
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>s</u>
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FL	32301	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability comp of the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.
Signa	ture of member or authorized representative of a member	Dona f	Priebe, Authorized Person Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I lin writing of this change.  The of Registered Agent Corporation Service Company	performand d for in Cha hereby conf	this canacity. I further goree to comply with the

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00