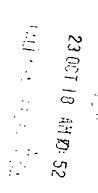
H20000014461

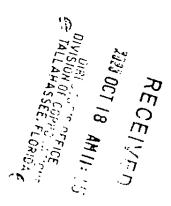
	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
	(Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	OCT 14 2023					

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195									
REFERENCE : 070532 8296666									
AUTHORIZATION :									
COST LIMIT : \$ 25.00									
ORDER DATE: October 17, 2023									
ORDER TIME : 10:18 AM									
ORDER NO. : 070532-010									
CUSTOMER NO: 8296666									
CHANGE OF AGENT									
NAME. CORPOLA MEGUAL GERMEGE									
NAME: COPPOLA VISUAL SERVICES MANAGEMENT, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Baker									
EXAMINER'S INITIALS:									

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.

i.	Na	me of the limited liability company: COPF	POLA VISU	AL SER	VICES MAN	NAGEMENT, LLC
2.	(a)			(b)	
	(,	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		(-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7600 Corporate Center Drive #200			7600 Corp	porate Center Drive #200
		Miami, FL 33126		- -	Miami, FL	33126
		05/13/2020			M2000000	4461
3.		Date of filing/registration in Florid	la	4.		Document number
5	(a)					
٥.	(4)	a)				- ::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•
		190 NORTH COMPASS DRIVE				
		FORT LAUDERDALE	(21	33308		· .~
			, FL_			S 23
	(b)					30
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>			Office add	dress:	
		Corporation Service Company				2300718 MM 20.5
		NEW Registered Office Address:			_	and the state of t
		1201 Hays Street				5
		Tallahassee	, FL_	32301		
ch: age wa	ange ent v s/we	imited liability company is not organized un or changes are made, the Florida street addivill be identical. Or, in the case of a Florida are authorized by an affirmative vote of the access of organization or the operating agreem	ress of the r limited liab nembers of	egistere pility co the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
no try ma opportuent				llis Oppenhe	eim, Authorized Person	
	ignat	ure of a member or authorized representative of a me	mber		· <u>-</u>	Printed or typed name of signee
pre the to no	ovisi obli mere tifiec	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent a cly reflect a change in the registered office a line writing of this change.	nt and agre complete p ns provided address, I he	e to act performa for in C preby co	in this capa ince of my d hapter 605, infirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
•	-	re of Registered Agent E. Kirby, Asst. Vice President on behalf of	Corporatio	n Servic	e Company	,
		Division of Corporation	ns• P.O. B	ox 6327	 Tallähass 	see, FL <i>3</i> 2314

FILING FEE: \$25.00 INHS18 (2/14)