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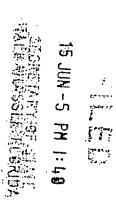
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COVER LETTER

Registration Section
Division of Corporations

TO:

	JECT: ISTUDIO.COM LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	nis matter to the following:					
MICHAEL GLEISSNER						
. Name of Person						
ISTUDIO.COM LLC.						
Firm/Company						
1455 OCEAN DRIVE, SUIT	E 602					
Address						
MIAMI BEACH, FL 33139						
City/State and Zip Code						
ma@michaelgleissner.com						
mg@michaelgleissner.com E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	r, please call:					
MICHAEL GLEISSNER	at (305) 504-5000					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

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.

l.	Na	me of the limited liability company:ISTUDIO	<u> </u>	M 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)			
		1455 OCEAN DRIVE, SUITE 602		1455 O	CEAN DRIVE, SUITE 602			
		MIAMI BEACH, FL 33139		MIAMI I	BEACH, FL 33139			
		July 29, 1999			L99000004641			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)				_			
	()	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State	2:			
		MICHAEL GLEISSNER		<u>.</u>	_			
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	2				
		1455 OCEAN DRIVE, UNIT 606			edi Perio			
	MIAMI BEACH , FL 33139							
		,, L						
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O		,	_			
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:				
		MICHAEL GLEISSNER						
		NEW Registered Office Address:						
1455 OCEAN DRIVE, SUITE 602					- -			
MIAMI BEACH , FL 33139								
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized/by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. MICHAEL GLEISSNER								
_	Signa	iture of a member or authorized representative of a member		. , , , , ,	Printed or typed name of signee			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the vegistered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent								
3	Ruau							
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00								

INHS18 (2/14)