

(Requestor's Name)
(Address)
(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:
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Office Use Only



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101 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 6, 2017

Order#: 711011-032

Re: MOVIE FACTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive 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.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ration organized under the laws of the State oflllinois ce or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MOVIE FAC	TS, INC.	
The name of the corporation: MOVIE FACTS, INC. 2. The principal office address: 542 Busse Highway, Suite 1, Park Ridge, IL 60068			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/26	/2000 Document number: F00000007138	
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)	
	Lexis Document Services, I	nc.	
	1201 Hays Street		
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new reg	sistered agent (if changed) and for registered office	
	1201 Hays Street		
	Tallahassee	P.O. Box. NOT acceptable FL 32301	
	ess of its registered office and be identical.	i the street address of the business office of its registered ag	gent,
Such change wa authorized by the	as authorized by resolution do ne board, or the corporation h	aly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Jan	- Ols	Lawrence Fils, CE 0	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions my duties, and I am familiar is document is being filed me	Printed or typed name and title ad agent and agree to act in this capacity, s of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I n notified in writing of this change.	i
By: Clayalis	nature of Registered Agent	03/13/2017 Date	
If signing on be	half of an entity:		
Elizabeth A. Da	awson, Asst. Vice President		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *