F05000001278

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COVER LETTER

TO: Amendment Section Division of Corporations HH(CA)-ENTERTAINMENT, INC. Name of Corporation F05000001278 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHARON COOKE Name of Contact Person PARACORP INCORPORATED Firm/Company PO BOX 160568 Address SACRAMENTO, CA 95816 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHARON COOKE Name of Contact Person Enclosed is a \$35,00 check made payable to the Department of State. Mailing Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

				
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				自豪
STATEMENT (RED OFFICE OR REGISTERED DRPORATIONS	AGENT OR	The state of the s
statement of change is	submitted for a corporation org	2502, 607.1508, or 617.1508, Florida canized under the laws of the State of istered agent, or both, in the State of I	Statutes, this California Florida.	ON SHAPE STATE OF THE STATE OF
1. The name of the corp	poration: HH(CA)-Enterta	inment, Inc.		
2. The principal office				
3. The mailing address	(if different):			
		Beverly Hills, CA 90211		
4. Date of incorporation	n/qualification: 3/1/2005	Document number: F0500	0001278	
	address of the current registered of State: (If resigned, enter resigned,	d agent and registered office on file w gned)	ith the	
Corp	poration Service Compa	any		
1201	l Hays Street			
Talla	hassee, FL 32301-252	5		
5. The name and street (if changed):	address of the new registered ag	gent (if changed) and /or registered of	fice	
	···-			
	155 Office Plaza Driv P.O. Box N	e, 1st Floor OTacceptable		
	Tallahassee, FL 32301			
The street address of its as changed will be iden	s registered office and the streettical.	et address of the business office of its	s registered age	ent,
Such change was authonuthorized by the board	rized by resolution duly adopted, or the corporation has been r	ed by its board of directors or by an o otified in writing of the change.	officer so	
Signature of an of	hard	Adi Schnaps, Secretary		_
hereby accept the upp further accept to comp performance of my duti went. Or. if this docum		nd agree to act in this capacity. tutes relative to the proper and com, accept the obligation of my position flect a change in the registered office		
Stranon	legistered Agent	1/23/2017		_
Signature of R		Date		
SHARON COOKE, AS	ST SECRETARY			
Typed or Pri	nted Name			
	* * * FILING F	EE: \$35.00 * * *		

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