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CT 9/23/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbacco EL 32201

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 959975 8390430					
AUTHORIZATION: Liberar					
COST LIMIT : \$35.00					
ORDER DATE : September 16, 2022					
ORDER TIME : 9:29 AM					
ORDER NO. : 959975-065					
CUSTOMER NO: 8390430					
CHANGE OF AGENT					
NAME. DEV. AMEDICA CODDODATION					
NAME: DTV AMERICA CORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
EXAMINER'S INITIALS:					

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

statement of cha	mge is subn	itted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of Delay registered agent, or both, in the State of Florida	vare
1. The name of	the corporat	ion: DTV AMERICA	CORPORATION	
2. The principal	office addr	ess: 295 Madison Ave	nue, 12th Floor, New York, NY 10017	
-		ifferent):		
4. Date of incorp	poration/qu	alification: 07/01/201	0 Document number: F1000000300)5
5. The name and Florida Depai	d street addr rtment of St	ress of the current regis ate: (If resigned, enter	stered agent and registered office on file with the resigned)	
	United Ag	gent Group Inc.		
801 US Highway 1				2022
North Palm Beach, FL 33408				
6. The name and (if changed):		ress of the new register	red agent (if changed) and /or registered office	· 22
	1201 Hay	s Street		50
	12011149	3 011001	P.O. Box NOT acceptable	
	Tallahass	ee	FL 32301	
			e street address of the business office of its regis	
Such change wa authorized by t	as authorize he board, o	ed by resolution duly a r the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so
Xie & Comi			Jill Cilmi, Vice President	
/ · /	re of an officer		Printed or typed name and little	
I further agree of my duties, ar document is be corporation ha	to comply v nd I am fam ing filed me s been notij	viin the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ager ge in the registered office address, I hereby con change.	
By:		Zey	09/16/2022	
Sig	mature of Regis	stered Agent	Date	
If signing on be	half of an	entity:		
Ami M. Caspe			_	
l l	yped or Printed	i ismile		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)