| (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: |
| |
| |
| |

Office Use Only



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SSEE, FAIE

2024 SEP 3(D AM 3: 32

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

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 659632 8454734 2000 |
| AUTHORIZATION : |
| COST LIMIT : \$ 35.0 |
| ORDER DATE : September 26, 2024 |
| ORDER TIME : 1:45 PM |
| ORDER NO. : 659632-009 |
| CUSTOMER NO: 8457734 |
| CHANGE OF AGENT |
| NAME: PREMIERE MUSIC AND FILM SYSTEMS, INC. |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Shauna Godbolt |
| EXAMINER'S INITIALS: |

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

| statement of cha | orovisions of sections 607.05 nge is submitted for a corpor r to change its registered offi | ation organized unde | r the laws of t | he State of <u>I</u> | L | : | |
|---|--|---|-----------------------------------|-----------------------|--------------------------------------|--------------------------------|--|
| 1. The name of t | he corporation: PREMIERE | MUSIC & FILM SYST | EMS, INC. | | | <u> </u> | |
| | office address:ose Ave. Chicago, IL 60618 | | | | | | |
| 3. The mailing a | ddress (if different): | | | | | | |
| - | poration/qualification: 02/15 | | | | 00722 | | |
| 5. The name and | street address of the current tment of State: (If resigned, e | registered agent and r | | | | | |
| | Merideth C. Nagel, P.A. | | | | | | |
| | 1201 W. Highway 50 | | | | | | |
| | Clermont, FL 34711 | | | | | | |
| 6. The name and (if changed): | street address of the new reg | . <u> </u> | ged) and /or re | egistered offic | re (E) | ? | |
| | 1201 Hays Street | | | 1355 | ् हि | | |
| | | P.O. Box NO Faccept | table | <u></u> | 7 P | | |
| | Tallahassee | | FL 323 | 01 75 | H 12: 3 | | |
| The street addre | ess of its registered office an be identical. | d the street address o | f the business | s office of its | | agent, | |
| Such change wa authorized by th | as authorized by resolution d te board, or the corporation l | uly adopted by its be as been notified in v | oard of directo vriting of the | ors or by an ochange. | fficer so | | |
| /S/ Ann Johnson Ann Johnson, | | | | ate Secretary | | | |
| Signatur | | Printed or typed name and title | | | | | |
| I further agree to of my duties, and document is being corporation has | the appointment as registers o comply with the provision d I am familiar with and acc ng filed merely to reflect a c been notified in writing of t n Service Company | s of all statutes relative sept the obligation of hange in the register | ive to the prop | per and comp | lete perfo agent. Or Confirm t | rmance - if this hat the | |
| By: X) pc | ica Zotyble | 09/25/2 | | Date | | | |
| | half of an entity: | | | Date | | | |
| | | | | | | | |
| | Asst. Vice President rped or Printed Name | | | | | | |
| | * * * | FILING FEE: \$35.0 | 0 * * * | | | | |

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