F17000 00A 0A4

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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10/17/19--01020--007 **35.00

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T SCHROEDER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 15, 2019

Order#: 999725-088

Re: VISIONEERING STUDIOS REAL ESTATE, 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: Ami Casper

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 char	nge is submitted	ctions 607.0502, 617.050 d for a corporation orga registered office or regis	nized under the la	ws of the State of	California	
1. The name of the	ne corporation:	VISIONEERING STUD	OIOS REAL ESTA	TE, INC.		
1. The name of the corporation: VISIONEERING STUDIOS REAL ESTATE, INC. 2. The principal office address: 106 W. 4th Street, Suite 600, Santa Ana, CA 92701						
3. The mailing ac	ddress (if differ	rent):				
4. Date of incorp	oration/qualific	cation: 09/07/2017	Document	number: F17000	0004044	
5. The name and Florida Depart	street address tment of State:	of the current registered (If resigned, enter resign	agent and registero	ed office on file w	vith the	
	C T Corporation	on System			_	
	1200 South Pine Island Road					
	Plantation		FL	33324	19 00	
6. The name and (if changed):	street address	of the new registered ag	ent (if changed) ar	nd /or registered o		
	Corporation S	ervice Company	<u> </u>	·	PM 1:5	
	1201 Hays St	reet			- 15. - 15.	
	Tallahaaaa	P.O. Box. NC	T acceptable FL	32301		
	Tallahassee				_	
The street addre	ess of its registe be identical.	ered office and the stree	t address of the bi	usiness office of i	its registered agent.	
Such change wa authorized by th	s authorized b	y resolution duly adopte corporation has been n	ed by its board of otified in writing	directors or by an of the change.	ı officer so	
Xie	Jill Cilmi, Vice President					
ignatu	re of an officer or di	rector	Prin	ted or typed name and t	itie	
I further agree to performance of agent. Or, if the hereby confirm	to comply with my duties, and is document is	nt as registered agent a the provisions of all sta I I am familiar with and being filed merely to re ration has been notified	itutes relative to to accept the obliga flect a change in t	ne proper ana co tion of my position the registered offi	m as registered	
Ву: С	ims	Leif	10/15/2019			
	nature of Registered	Agent		Date		
If signing on be	half of an entit	y:				
Ami M. Casper	, Asst. Vice Pre	esident				
Т	yped or Printed Nan	ne				

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

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