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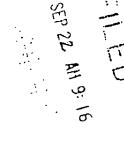
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A. RAMSEY SEP 23 2022 CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195						
REFERENCE : 959975 8390430						
AUTHORIZATION: Lovelle 1800						
COST LIMIT : \$ 3500						
ORDER DATE : September 16, 2022						
ORDER TIME : 9:30 AM						
ORDER NO. : 959975-173						
CUSTOMER NO: 8390430						
CHANGE OF AGENT						
NAME: HC2 LPTV HOLDINGS, INC.						
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 submitte	ections 607.0502, 617.0 d for a corporation org registered office or regi	anized under the law	vs of the State of Dela	aware	
				n, in the bitale of 1 lorid		
1. The name of	the corporation	HC2 LPTV HOLDING	49th Floor Naw Yo	nek NV 10017		
2. The principal	office address:	295 Madison Avenue,	12th Floor, New 10	or, NY 10017		
3. The mailing a						
4. Date of incorp	poration/qualifi	cation: 06/22/2018	Document r	number:F180000029	942	
		of the current registered (If resigned, enter resig		d office on file with the	2022 SEP 22	
	United Agen	Group Inc.			SEP	
801 US Highway 1						
	North Palm Beach, FL 33408					
6. The name and (if changed):	d street address	of the new registered a	gent (if changed) and	d/or registered office	10	
	Corporation S	Service Company				
	1201 Hays S	treet				
P.O. Box NOT acceptable						
	Tallahassee		FL	32301		
as changed will	be identical.	ered office and the stre				
Such change wanthorized by the	as authorized b	y resolution duly adop corporation has been	ted by its board of d notified in writing o	lirectors or by an office of the change.	er so	
Xie & aoni				Jill Cilmi, Vice President		
7-41	re of an officer or d			ed or typed name and title		
corporation ha	the appointme to comply with nd I am familia ing filed merel s been notified n Service Co	nt as registered agent the provisions of all si r with and accept the o y to reflect a change in in writing of this chang Monany	and agree to act in i atutes relative to the bligation of my posi the registered office ge.	this capacity. e proper and complet ition as registered age e address, I hereby co	e performance ent. Or, if this nfirm that the	
7 0		Zey	09/16/2022			
By: Sig	mature of Registered	Agent		Date		
If signing on be	chalf of an enti	ty:				
Ami M. Caspe	r, Asst. Vice Pi	esident				
1	yped or Printed Nar	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
CR2E045 (04/13)