

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

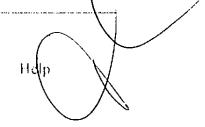
REGISTERED AGENT CHANGE DPLAY ENTERTAINMENT LIMITED CORPORATION

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Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

statement of change is submitted for a corporation	617,0502, 607,1508, or 617,1508, Florida Statutes, this in organized under the laws of the State of England and				
	r registered agent, or both, in the State of Florida.				
1. The name of the corporation; Dplay Emeriainm	ent Limited				
2. The principal office address: 230 Park Avenue S	outh				
New York, NY 100					
3. The mailing address (if different):	-				
4. Dateofincorporation/qualification: $\frac{06/24/2020}{2}$	Document number: F20000002900				
 The name and street address of the current regi- Florida Department of State: (If resigned, enter 	stered agent and registered office on file with the				
Corporation Service Company					
1201 HAYS ST	<u> </u>				
Tallahassee, FL 32301					
6. The name and street address of the new register (ifchanged):	red agent (if changed) and /or registered office				
C T Corporation System					
1200 South Pine Island Road	1200 South Pine Island Road				
Plantation, Florida 33324	P.O. Box NOT acceptable				
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,				
Such change was authorized by resolution duly a authorized by the board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.				
Se Gan	JOE DAVIS, SECRETARY				
Signature of an officer or director	Printed or typed name and litle				
of my duties, and Lam familiar with and accept a document is being filed merely to reflect a chang corporation has been notified in writing of this c	all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the				
CT Corporation System Confedence Signature of Registered Agent	03/07/2023				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
SEAN L. EMERICK, ASSISTANT SECRETARY					
Typed or Printed Name	-				
* * * FILI	NG FEE: \$35.00 * * *				

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

PI (60 + 66 19/2020 Watters Khasar Gebre

CR2E045 (04/13)

By: