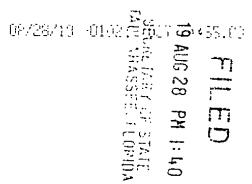
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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| (Only/State/Zip/1 Holle #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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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: August 26, 2019

Order#: 894406-317

Re: SONY PICTURES RELEASING CORPORATION

Enclosed please find:

Change of Registered Agent and Office.

 \underline{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 cha | mge is submitted for a corpora | 2, 617.0502, 607.1508, or 617.1508, Florid tion organized under the laws of the State | of Delaware | |
|--|--|---|-------------------------|--|
| | | e or registered agent, or both, in the State | of Florida. | |
| 2. The principal | office address: 10202 W. Was | shington Boulevard, Culver City, CA 9023 | 32 | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification:12/02/ | 1992 Document number: F920 | 00000456 | |
| | I street address of the current retiment of State: (If resigned, en | egistered agent and registered office on filo ter resigned) | with the | |
| | NRAI Services, Inc | | - - | |
| | 1200 South Pine Island Road | | 19 AUG SECRETA | |
| | Plantation | FL 33324 | 28 28 SERVE | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed): Corporation Service Company | | | | |
| | 1201 Hays Street | · | _ > _ | |
| | P.O. Box. NOT acceptable | | | |
| | Tallahassee | FL 32301 | | |
| The street addre | ess of its registered office and be identical. | the street address of the business office o | f its registered agent, | |
| Such change wa authorized by th | as authorized by resolution duline board, or the corporation ha | y adopted by its board of directors or by a seen notified in writing of the change. | an officer so | |
| Xi | e 2 aonie | Jill Cilmi, Vice President | | |
| / "I | te of an nificer or director | Printed or typed name and | d title | |
| I further agree to performance of agent. Or, if the hereby confirm | to comply with the provisions o my duties, and I am familiar w is document is being filed mero | l agent and agree to act in this capacity. of all statutes relative to the proper and c with and accept the obligation of my posit ely to reflect a change in the registered of motified in writing of this change. | tion as registered | |
| Ву: | i, m Lei | 08/26/2019 | | |
| | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Ami M. Casper, | Asst. Vice President | | | |
| 17 | ped or Printed Name | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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