F9900000 1323

(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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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@cscqlobal.com

Date: August 26, 2019

Order#: 894406-144

Re: LINDERO PRODUCTIONS, 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 ch	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida i organized under the laws of the State of registered agent, or both, in the State of .	California
1. The name o	f the corporation: LINDERO PRODular office address: 10202 W. Washir	ngton Boulevard, Culver City, CA 90232	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 03/10/1999 Document number: F99000001323			
	nd street address of the current regis partment of State: (If resigned, enter	stered agent and registered office on file wresigned)	ith the
	NRAI Services, Inc		_
	1200 South Pine Island Road		•
	Plantation	FL 33324	19 AI
6. The name a (if changed)		red agent (if changed) and /or registered of	8 P
	1201 Hays Street		TATE L
		Box_NOT acceptable	· Str. ω
	Tallahassee	FL 32301	_
The street add	dress of its registered office and the ill be identical.	street address of the business office of i	ts registered agent,
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has b	idopted by its board of directors or by an een notified in writing of the change.	officer so
χ_{χ}	e Capie	Jill Cilmi, Vice President	
I hereby accept further agreperformance agent. Or, if hereby confirmance to the confirmance of the confirman	e to comply with the provisions of a of my duties, and I am familiar with	08/26/2019	nplete n as registered
	Signature of Registered Agent	Date	
If signing on l	behalf of an entity:		
Ami M. Caspo	er, Asst. Vice President		
	Typed 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 * * *