## L02000035051

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



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SECRETARY OF STATE
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| ON SERVICE COMPANY. |                             |               |                 |         |       |
|---------------------|-----------------------------|---------------|-----------------|---------|-------|
|                     | ACCOUNT NO.                 | :             | 0721000000      | 32      | ·     |
|                     | REFERENCE                   | :             | 780798          | 7574836 | 超     |
| F                   | AUTHORIZATION               | بلخ           | well of         |         | 最 2   |
|                     | COST LIMIT                  | :7            | 3. 25.00        | ean)    | SSEE  |
| ORDER DATE : Feb    | oruary 28, 200              | 7             |                 | ·       | 51ATE |
| ORDER TIME : 10:    | 32 AM                       |               |                 |         | y     |
| ORDER NO. : 780     | 798-005                     |               |                 |         |       |
| CUSTOMER NO:        | 7574836                     |               |                 |         |       |
|                     |                             | ~ <del></del> | · -,            | ,       |       |
|                     | CHANGE OF AC                | <u>GEN</u> T  |                 |         |       |
| NAME:               | DIVO HOLDINGS               | LLC           | <b>:</b> .:     |         |       |
| PLEASE RETURN THE   | COPY                        | PRO           | OOF OF FILI     | NG:     |       |
| XX PLAIN STA        | MPED COPY<br>Doreen Wallace | e             | <br>- EXT# 2928 |         |       |

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited liability  | y company is: Divo H   | ioldings, LLC   |  |   |  |
|---|--|---|--|---|--|
| 2. The mailing address of the limi  | ted liability company  | is: 1730 S.   | Hayworth Ave   |   |  |
| Los Angeles, CA 90035   |  |   |  |   |  |
| December, 30 2002 _   | _  | 1.0200  | 0035051  |   |  |
| 3. Date of filing/registration in Flo   | orida  |   | cument numbe   | :r  |  |
| 5. The name of the registered agent Florida Department of State:  | it and the registered of   | ffice address   | as shown on t  | the records of the  |  |
|   | Daniel Rip   | ooll  |  |   |  |
| <del></del> ,   | . Name   | *****   |  |   |  |
|   | 13329, SW 151  | Тегтасе   |  | 75F 01  |  |
| <del></del>   | Address  | S   | <del></del> -  | FG 3 T  |  |
| Miami, FL 33186   |  |   |  |   |  |
|   | City, State ar   | nd Zip  |  | 器心  |  |
| 6. The name and address of the new  | w registered agent and   | l/or office:  |  | OT MAR-2 PH 3: 43 SECKETARY OF STATE                                |  |
|   | Corporation Service  | Company   |  | F. C  |  |
| <u> </u>  | Name<br>1201 Hays Str  | reet  |  | ORIE *3   |  |
| Florida   | street address (P.O. I   |   | ceptable)  | 7   |  |
| T   | allahassee FL  | 3230  | 01   | <del></del>   |  |
|   | City, State and  | l Zip   |  |   |  |
| If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby confor the members of the limited liab or the operating agreement of the I  | changes are made, the<br>tered agent will be ide<br>firmed that the change<br>ility company or as of | : Florida stre<br>entical. Or,<br>:(s) was/wer<br>herwise pro | et address of t<br>in the case of a<br>e authorized by | the registered office<br>a Florida limited<br>y an affirmative vote |  |
| (Signature of a thember or authorized represen  | ntative of a member)   | <del>M-dumme</del>  |  | •   |  |
| Daniel Ripoli   | ŧ  |   |  |   |  |
| (Printed or typed name of signee)   | · · · · · · · · · · · · · · · · · · ·  |   | •  |   |  |
| I hereby accept the appointment a comply with the provisions of all stand I am familiar with and accept Chapter 608, F.S. Or, if this document of the confirm that the Confirmation of Registered Agent)  Michelle R. Vannoy, Assistant | nt Vice President  | :   |  |   |  |
|   | porations, P.O. Box  |   | hassee, FL 32  | 314   |  |

**FILING FEE: \$25.00**