## LO400019178

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
<b>(</b> Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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JAN 27 7018

in introduction



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: January 20, 2014

Order#: 913829/016

Re: LOTUS TV OF TAMPA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

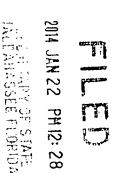
Attn:Morgan Kennedy

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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

Pursuant to the provisions of sections 605.0114, 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.	Nar	me of the limited liability company: LOTUS TV OF TA	AMPA LLC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1805 Franklin Street Tampa, FL 33602				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3301 Barham Road 200 Los Angeles, CA 90068				
03	3/11/2	2004	L04000019178				
3.	Dat	e of filing/registration in Florida	4. Document number				
5.	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept.						
		Registered Agent:	NRAI Services, Inc.				
		Registered Office Address:	1200 South Pine Island Road	<u> </u>	201/		
			PlantationF	L 3	3324	-	
	(b)	Enter name of NEW Registered Agent and/or NEW	ک نزن V Registered Office address:	∏ #2 <del>-</del> ≺	¥22	THE PERSON	
	` /	NEW Registered Agent:	Corporation Service Company	က က က	P		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		≥: 28	أميريها	
			Tallahassee ,FL 32301				
an lia the	nfirr d the bilit e me e ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the regis	stere a lin	d offi nited		
		Priebe, Vice President	-				
I co an Cl ad B	here mply d I d japte dres y:	or typed name of signee by accept the appointment as registered agent and age with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my pos- er 605, F.S. Or, if this document is being filed to mer es, I hereby confirm that the limited liability company the of Registered Agent Corporation Service Company	gree to act in this capacity. I fi per and complete performance ition as registered agent as pr ely reflect a change in the regi has been notified in writing of Grace E. Kirby, Asst. Vice Pre			ree to ities, r in fice ige.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00