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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ate: 03/30/2023
	Acc#120160000072
Name:	Argentina Channels Distribution, L.L.C.
Document #:	
Order #:	14860827
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Thank you!

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Argentina Channels	Distribu	ion, L.L.C		
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6505 Blue Lagoon Drive, Miami, FL 33126 6505 Blue I			Lagoon Drive, Miami, Fl. 33126	
					
	June 30, 2010	Ι.	100000695	523	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	HBO LATIN AMERICA PRODUCTION SERVICES, L.C				
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of Stat	e:	
				2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			้า	
	396 Alhambra Circle, Suite 400			;; 2023 H AR	
(b)	Coral Gables , FL 3	3134		30	
	C T Corporation System				
(0)	Enter name of NEW Registered Agent and/or NEW Registered C				
				, -	
	NEW Registered Office Address:			-	
	1200 South Pine Island Road			-	
	Plantation FL 3	33324			
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabers and the li	he regist pility cor the limit imited lia	ered offic apany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified By:	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ignitions of my position as registered agent as provided ely reflect a change in the registered office address. I had I in writing of this change. C.T. Corporation System	erforma for in Ci erchy coi	nce of my hapter 60: ifirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

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