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SECRETARY OF STATE
SALIPANIASSEE, FLORDA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	- 2000		
	ACCOUNT NO.	: 12000000195	
	REFERENCE	: 613625 8135270	
	AUTHORIZATION	· de lenan	
	COST LIMIT	: \$(2500	
ORDER DATE :	April 25, 2017		78
ORDER TIME :	3:40 PM		CRETA
ORDER NO. :	613625-005		ASS.
CUSTOMER NO:	8135270		- marc
	CHANGE OF A	GENT	a 57
NAME:	VELVET REY PRO	ODUCTIONS LLC	

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:	
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CONTACT	PERSON:	Melissa	Zender		EXT#
				1	YAMTNED.

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. 1	Name of the limited liability compa	any: VELVET REY	PRODUC	TIONS LLC		
2. (a	9 617 NORTH RAINBOW DRIVE Principal office address of limi		(b)	Mailing address of limited liability company:		
	(Note: MUST BE STRE			(Note: MAY BE POST OFFICE BOX)		
	HOLLYWOOD	FL33021		HOLLYWOOD, FL 33021		
	02/21/2013			L13000027193		
3.	Date of filing/registrati	on in Florida	4.	Document number		
5. (a) United States Corporation Ag	gents, Inc.				
· (-	Registered Agent and Registered Office	·	the Florida I	Dept. of State:		
	13302 Winding Oak Court					
		BE FLORIDA STREET	ADDRESS)			
				THAY 17		

	<u>Tampa</u>	, FL	33612			
71.	Corneration Service Company			王 5		
(b	Corporation Service Company Entername of NEW Registered Agent	and/or NEW Registered	Office addr	 		
		·		08		
	1201 Hays Street			<u></u>		
	NEW Registered Office Address:					
	Tallahassee	Ei	32301			
	Tallatiassee	, FL	. 32301	in the state of th		
the chagent was/v	nange or changes are made, the Flowill be identical. Or, in the case of	orida street address of of a Florida limited li- vote of the members of	the registe ability con of the limit	tate of Florida, it is hereby confirmed that after ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.		
	1236 tonger		Pablo	Fonseca, Member		
Sign	ature of a member or authorized represent	ative of a member		Printed or typed name of signee		
I her provi the ol to me notife	eby accept the appointment as reg sions of all statutes relative to the bligations of my position as registe rely reflect a change in the registe ed in writing of thy change.	istered agent and ag proper and complete red agent as provide red office address, I	ree to act in performar d for in Ch hereby con	n this capacity. I further agree to comply with the size of my duties, and I am familiar with and accept tapter 605, F.S. Or, if this document is being filed after the limited liability company has been		
	TIMELLE			Lydia Cohen		
Signar	or of Repistered Agent Corporation	Service Company	BY:	Asst. Vice President		
	/ Division of C	orporations• P.O. I FILING F		Tallahassee, FL 32314 0		