3/25/22, 8:17 AM

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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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

Nam	te of the limited liability company: Mexico Ads	enising, L.L.C.					
(11)	96 Alhamhra Circle,	(b) 30	Hudson Yards				
(a) Principal office address of limited fiability company: (Note: MESTRE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
	Suite 400	Ne	New York, NY 10001				
-	Coral Gables, FL 33134 USA						
0.	7/22/2013	L130	000105529				
	Date of filing/registration in Florida	4,	Document number				
(a) _	HBO Latin America Production Services L.C.						
(a) <u> </u>	Registered Agent and Registered Office shown on the reco	t, of State:					
	396 Alahambra Circle, Ste. 400						
- 	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)					
,	Coral Gables	, FL33134	2022				
(p) _	C'T Corporation System		2022 MAR 25				
1	Enter name of NEW Registered Agent and/or NEW Reg	Pa 0.70					
	NEW Registered Office Address:						
	1200 South Pine Island Road		<u></u> и				
	Plantation	33324 . FL					
ie char gent w ras/wei ie artic aniel	mited liability company is not organized under on the changes are made, the Florida street addrill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the menticles of organization or the operating agreement weinberger	ess of the register ited liability comp ibers of the limited of the limited liabi Daniel V	ed office and the dusiness tiffice of the registere lany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in				
والمناسبة والمناسبة	ure of a member or authorized representative of a member		Printed or typed name of signee				

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Stephen Fulls, Assistant Secretary Signature of Registered Agent