| 05/15/2019 13:19 PARASEC                                                                                                                                     | (FAX)9165767010                                       | P.001/002            |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------|--|--|--|
| Florida Department of<br>Division of Corporation<br>Effection Chiling Cover Sh                                                                               |                                                       | #1273730<br><b>)</b> |  |  |  |
| Note: Please print this page and use it as a cover<br>number (shown below) on the top and bottom of al                                                       | sheet. Type the fax audit<br>l pages of the document. | ſ                    |  |  |  |
| (((H190001591113)))                                                                                                                                          |                                                       |                      |  |  |  |
|                                                                                                                                                              |                                                       |                      |  |  |  |
| Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.                                       |                                                       |                      |  |  |  |
| To:<br>Division of Corporations<br>Fax Number : (850)617-6383                                                                                                |                                                       |                      |  |  |  |
| From:<br>Account Name : PARASEC<br>Account Number : I20180000086<br>Phone : (916)576-7000<br>Fax Number : (800)603-5868                                      |                                                       |                      |  |  |  |
| **Enter the email address for this business entity to be used for future<br>annual report mailings. Enter only one email address please.*5<br>Email Address: |                                                       |                      |  |  |  |
| LLC REGISTERED AGENT CHANGE                                                                                                                                  |                                                       |                      |  |  |  |
| Certificate of Status                                                                                                                                        | 0                                                     |                      |  |  |  |
| Certified Copy Page Count E                                                                                                                                  | <u> </u>                                              |                      |  |  |  |
| Estimated Charge                                                                                                                                             | \$25.00                                               |                      |  |  |  |
|                                                                                                                                                              |                                                       |                      |  |  |  |

Electronic Filing Menu

Corporate Filing Menu

Help O SIMMONS WAY 17 2019/15/2019

https://efile.sunbiz.org/scripts/efilcovr.exe

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| 5/15/20                     | H 1400                                                                                                              | 01541                               | (FAX)9165/6/010 P.002100.<br>11/3                                                               |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|
| STA'                        | FEMENT OF CHANGE OF REGISTERED O<br>LIMITED LIABI                                                                   |                                     |                                                                                                 |
| Pursua<br>submit<br>Florida | mt to the provisions of sections 605.0114 or 605.0116<br>s the following statement in order to change its reg<br>z. | 8, Florida Statu<br>gistered office | tes, the undersigned limited liability company<br>or registered agent, or both, in the State of |
| 1. Na                       | me of the limited liability company: IKONIK FILM                                                                    | IS LLC                              |                                                                                                 |
| 2. (a)                      |                                                                                                                     | (b)                                 |                                                                                                 |
|                             | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                            | •                                   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)                 |
|                             | 701 BRIDGEWAY BLVD                                                                                                  |                                     |                                                                                                 |
|                             | ORLANDO, FL 32828                                                                                                   |                                     |                                                                                                 |
|                             | 08/14/2014                                                                                                          | L140                                | 00127980                                                                                        |
| 3.                          | Date of filing/registration in Florida.                                                                             | 4.                                  | Document number                                                                                 |
| 5. (a)                      | LEGALINC CORPORATE SERVICES INC.                                                                                    |                                     |                                                                                                 |
| J. (a)                      | Registered Agent and Registered Office shown on the records of                                                      | the Florida Dept. (                 | of State:                                                                                       |
|                             | 5237 SUMMERLIN COMMONS BLVD STE                                                                                     | 400                                 |                                                                                                 |
|                             | Registered Office Address (MUST BE FLORIDA STREET.                                                                  | ADDRESS)                            |                                                                                                 |
|                             | FORT MYERS                                                                                                          | 33907                               | 19                                                                                              |
| (b)                         | ROCKET LAWYER CORPORATE SERVICES LLC                                                                                |                                     |                                                                                                 |
| (0)                         | Enter name of NEW Registered Agent and/or NEW Registered                                                            | Office address:                     |                                                                                                 |

<sub>FL</sub> 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

155 OFFICE PLAZA DRIVE, 1ST FLOOR

NEW Registered Office Address:

TALLAHASSEE

JESSICA SCHOLL, AUTHORIZED REPRESENTATIVE Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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. Here <u>Chr</u>z Q Signature of Registered Agent

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

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