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COVER LETŤER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: MIDC. Mavlagente	of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Name of Person	
	Film/Company	<u>. </u>
340	10 w Hollywood Polyd H Address	<u>4/1-5</u>
110,	// (ロンロリーFL 3302) City/State and Zip Code	
<u>}</u>	Ox law a torres@ao/.com I-mail address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, pl	ease call:
_ <i>N</i> _0	rlan Tours	at (30;) 770-4343
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following ar	nount:
	🛣 \$25 Filing Fee	555 Filing Fee & Certified Copy

INHS18 (2/14)

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.

I. Na	me of the limited liability company: PTDC 1200 agement
(a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	3440 w 14 1/4 wood Port of \$415 3440 w Holly wood 13140 #
	110//y www. FL 33021 Holly wind, FL 33021
	12/17/2019 USAN Document number 12/17/2019 Date of filling/registration in Florida 4. Document number
(1)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	88 N F / 6914 St. Put-
	North Mani Beach Fl. 33160
a.	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	ASSET
	NEW Registered Office Address:
	3490 W Holly wood 1914 # 415
	Holly usud / .FL 33021
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
gent w	inge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signati	ure of a member Printed or typed name of signee Printed or typed name of signee
	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
<u> </u>	e of Registered Agent