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SEP 71/18

COVER LETTER

| Division of Corporations | |
|--|---|
| TruVid LLC SUBJECT: | |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office O | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Khalid Musrati | |
| Name of Person | |
| TruVid LLC | |
| Firm/Company | |
| 13750 W. Colonial Drive, Suite 350-322 | |
| Address | |
| Winter Garden, FL 34787 | |
| City/State and Zip Code | |
| khalid@truvidlegal.com | |
| E-mail address: (to be used for future annual | report notification) |
| For further information concerning this matter, plea | ase call: |
| Khalid Musrati | 407 748-3528 |
| 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 amo | ount: |
| ■ \$25 Filing Fee | ☐ \$55 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.

| 1. N | ame of the limited liability company: | | | |
|--|--|--|--|---|
| 2. (a) | TruVid LLC | (b | TruVid L | LC |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 13750 W. Colonial Drive, Suite 350-322 | | 13750 W | . Colonial Drive, Suite 350-322 |
| | Winter Garden, FL 34787 | | Winter G | arden, FL 34787 |
| | ებცნ 01/02/ 205 | | 47-265833 | 34 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a | Khalid Musrati | | | |
| (| Registered Agent and Registered Office shown on the records of | of the Florida | Dept. of State | <u></u> |
| | Khalid Musrati | | | 6 |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS | 2 | SEP TH |
| | 4514 Monarch Way | | | 27 FE |
| | Coconut Creek | 33073 | | P D |
| (b) | Khalid Musrati | | | FILED SEP 24 PH 5: 42 |
| , | Enter name of NEW Registered Agent and/or NEW Registere | ed Office add | dress: | |
| | Khalid Musrati | | | |
| | NEW Registered Office Address: | | | |
| | 13750 W. Colonial Drive, Suite 350-322 | | | |
| | Winter Garden F | L_34787 | | |
| the ch agent was/w | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the regis liability co of the lim te limited l | stered office impany, it is lited liability liability com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| Signature of a member or authorized representative of a member | | Kna — | Khalid Musrati Printed or typed name of signee | |
| _ | · | erwana fan arasf | in this cane | |
| provis the ob- to met | by accept the appointment as registered agent and a sions of all statutes relative to the proper and complei digations of my position as registered agent as provia rely reflect a change in the registered office address, a d in writing of this change. | gree to act le perform led for in C I hereby co | in inis capa ance of my a Chapter 605, onfirm that t | icity. I juriner agree to comply with the wites, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |

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