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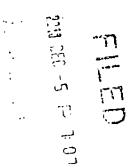
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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D. SCOTT DEC 11 201)

CQVER LETTER

| | vision of Corporations | • |
|--------------------------|---|---|
| SUBJECT | : RoyaHy | Sound, LLC Name of Limited Liability Company |
| Dear Sir or | Madam: | |
| The enclos | ed Registered Agent/Register | red Office Change and fee(s) are submitted for filling. |
| Please retu | rn all correspondence concert | ning this matter to the following: |
| R | .USSELL. Ki Name of Person | ng |
| | ing law Firm Firm/Company | <u>) </u> |
| 1001 | Brickell Bay Address | Drive, Suite 1812 |
| <u>. Mi</u> | ami, Florida City/State and Zip (| 3313 Code |
| RKIC E-mai | ng @ Kinglaw Haddress: (to be used for fun | ure annual report notification) |
| For further | information concerning this | matter, please call: |
| Ru | SSEIL. King Name of Person | at (305) 329-3700 Area Code & Daytime Telephone Number |
| Reg Div Cli 266 | REET/COURIER ADDRES gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| | closed is a check for the foll | owing amount: |
| প্র | \$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.

| 2. (a) (b) |
|---|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 1001 Brickell Bay Drive, Suite 1812 1001 Brickell Bay Drive, Suite |
| Miami, Florida 33131 Miami, Florida 33131 |
| 12/2/2016 L16000218745 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. (a) Sardi Law, PLU. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| 225 Alcazar Avence |
| Coral Gables FL 33134 |
| (b) King law Firm Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| |
| King Law Firm |
| NEW Registered Office Address: |
| 1001 Brickell Bay Drive, Svite 1812 |
| Miami .FI 33131 |
| 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. |
| Juan Luis Londono Arras |
| Signature of a member or authorized representative of a member Printed or typed name of signee |
| If 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. |
| Signature of Registered Agent |