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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi subm Flori	uant to the provisions of sections 605.01 its the following statement in order to da	14 or 605.0116, change its regis VEST STERL	stered o	ffice or reg	istered agent, or bo	t liability company th, in the State o	j <u>f</u>
1. N	ame of the Limited Liability Company:	ESI SIERL	JING F	MNCH, L	LC		
2. (a	9255 SUNSET BLVD 2ND FLO	OR	(b)	9255 SU	NSET BLVD 2NI	D FLOOR	
(-	Principal office address of limited liabil (Note: MUST BE STREET ADI	Бту сопприпу:	- (*)	Ma	riling address of limited li (Note: MAY BE POST (isbility company:	•
	WEST HOLLYWOOD, CA 9006	19	-	WEST H	OLLYWOOD, CA	90069	-
	2/7/2017		<u> </u>	_170000	29740		-
3.	Date of filing/registration in F	lorida	4.	I	Document number		
5. (a	eResidentAgent, Inc.		<u> </u>				
	Registered Agent and Registered Office shown	on the records of th	e Florida	Dept. of State:			
	801 US HIGHWAY 1						
	Registered Office Address (MUST RE PLO	RIDA STREET AI	DDRESS)				
						202	
	NORTH PALM BEACH	म	33408	 		,2554 050 11 ×00 14	-
	······································	,				Q 😲	÷
(b) Capitol Corporate Services, Inc	, , , , , , , , , , , , , , , , , , ,				<u>-</u> 2	2
`	Enter name of NEW Registered Agent and/or)Mice add	resg		E E	φ
						AMII: 2	
	515 East Park Avenue 2nd Fl					7 = 2	
	NEW Registered Office Address:					(1)	
	Tallahassee	FI	32301				
the clagent was/v the ar	limited liability company is not organize hange or changes are made, the Florida stands will be identical. Or, in the case of a Flowere authorized by an affirmative vote of rticles of organization or the breating against the char	rect address of the prida limited liab the members of the lieument of the lieu	he regis pility con the limi	tered office to upany, it is leted liability.	and the business offic hereby confirmed the company or as other	ce of the registered at the change(s) wise provided in	!
	cature of a member or authorized representative of				Printed or typed name of a	•	
provi the o- to me notifi	eby accept the appointment as registered sions of all statutes relative to the proper bligations of my position as registered agreely reflect a change in the registered offed in writing of this change.	agent and agre and complete p ent as provided ice address, I he	e to act verforma for in C ereby co	in this capac nce of my di hapter 605 nfirm that th	city. I further agree i ities, and I am famili F.S. Or, if this docu ie limited liability col	to comply with the ar with and accept ment is being filed mpany has been	1
	in Frelister				Secretary on		
Signa	ture of Registered Agent	behalf o	f Capit	ol Corpor	ate Services, Inc		
	Division of Corpor	ationse P.O. Bo	ox 6327	Tallahass	ce. FL 32314		

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