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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/09/2019	
Name:	Merritt Walker	
	e #:1067522	
Entity Nar	me: BENEDETTI PRODUCTI	ONS LLC
	icles of Incorporation/Authorization to Transact E	
☐ Am	nendment	
√ Cha	ange of Agent	2019 APR DEGRET I ALL Alla
Rei	instatement	PR -9
Co	nversion	A A A
□ Ме	erger	8: 37 Floate
☐ Dis	ssolution/Withdrawal	<u>}</u>
☐ Fic	titious Name	
Oth	ner	
Authorized	d Amount: \$25	
Signature	iw	

F: 800.944,6607

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	lame of the limited liability company:	EDETTI PE	RODUCTIONS LLC			
	No Changes)			
~. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	05/30/2017 Date of filing/registration in Florida	 		L17000116644 Document number		
5. (a	CORPORATION SERVICE COM	/PANY				
5. (a)	Registered Agent and Registered Office shown on the records o	::				
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7	•		
	TALLAHASSEE , F	L	11-2525	SEORE D	2019 APR -	APP
(b)					-9	
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	<u>iress</u> :	يومد فراه أن الأرام يعيد أ	A	
	115 North Calhoun Street, Suite	e 4		~ (2) 전 전 20	် ထု	_
	NEW Registered Office Address:				37	
	Tallahassee , F	rL 3	2301	•		
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	aws of the of the regis liability co	stered office impany, it is ited liability	e and the business office of shereby confirmed that the y company or as otherwis	of the m he chan	egistered ige(s)
	/S/ Jay Schieber			Jay Schieber		
-	ature of a member or authorized representative of a member			Printed or typed name of sign		1.1 .1
provis the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complei bligations of my position as registered agent as provia rely reflect a change in the registered office address, i ed in writing of this change.	gree to act ie performo led for in C I hereby co	in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to c duties, and I am familiar , F.S. Or, if this docume the limited liability comp.	comply with an nt is be any has	with the id accept ing filed s been
	/S/ Tim Mayville					
Signat	rure of Registered Agent Tim Mayville, Assistant S	Secretary				

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