L18000158656

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NAME: SHOWTIME PROPERTIES, LLC

TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE Chille Hedge

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: SHOWTIME	PROPE	RTIES,	LLC
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)
	21250 HAWTHORNE BLVD., SUITE 700		SAME	
	TORRANCE, CA 90503			
	JUNE 28, 2018		L180001	58656
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
. ,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:
	C T CORPORATION SYSTEM			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS		_
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	33324		_
	, rL			- F.S. 6
(b)	JENNIFER RIDGELY			LLA.
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	C/O DB FAMILY OFFICE SERVICES			FILED ELARY OF S MILSSEE, FI
	NEW Registered Office Address:	<u> </u>		100 M
	4455 MILITARY TRAIL, SUITE 201			5 ₽ -
	JUPITER	33458		_
agent www.was/wethe artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative volume the members of cless of organization or the operating the amender of the unit of a member of a m	vs of the S the regist ability cor of the limi limited limited	ered office npany, it is ted liability ability con CENT EC	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in a spany. DWARD PELLERITO Printed or typed name of signee
the obli to mere ngtified	gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	performa I for in Ci iereby coi	nce of my diapter 605 ifirm that	duties, and I am familiar with and accept fullers, and I am familiar with and accept for F.S. Or, if this document is being filed the limited liability company has been
	Refer Redgely By Registered Agent			