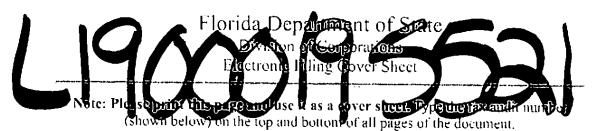
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## LLC REGISTERED AGENT CHANGE RESOLVE PRODUCTION GROUP LLC

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## 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.

l. Na	ame of the limited liability company: RESOLVE PROD	UCT	ION GROUP	LLC	_	_ {
. (a)	1510 SE 17TH STREET			17TH STREE	T	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)			ability company: FFICE BOX)
	SUITE 400		SUITE 400			
	FORT LAUDERDALE, FL 33316	_	FORT L.	AUDERDALE	E. FL 33316	
	07/31/2019		L1900019	5521		
	Date of filing/registration in Florida	- 4.	•	Document	number	<del></del>
. (a)	ANDREA JANSZ					
(b) _	Registered Agent and Registered Office shown on the records of t	he Flo	rida Dept, of St	arte:		
	Registered Office Address	DDRI	<u> </u>	<del></del>		
	FORT LAUDERDALE	33316	<u>-</u>	_		2023
	C T Corporation System  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation</u> .			_		2023 FYR 15
					غون ب ب	FM 3
	NEW Registered Office Address:				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20
	1200 South Pine Island Road			_	••	J
	Plantation FL_	33324		_		
ie cha gent w as/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility i the l	gistered office company, it imited liabili	ce and the but is hereby controlly ty company o	siness office firmed that	e of the registere the change(s)
	Jan District	J	DE DAVIS, M	ANAGER		
Signat	ure of a member or authorized representative of a member			Printed or typ	oed name of si	gnee
rovisi e obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The Lin writing of this change.	perfo. I för i ereby	rmance of mi n Chapter 60 confirm that	pacity. I furt duties, and t 15, F.S. Or, i the limited l	her agree to Lam familia Ethis docum iability com	comply with the rwith and accep ent is being filed pany has been
<u> </u>	C T Corporation System  SEAN L EMERICA ASSISTANT SECRETARY  LAND	يونار اعماني)				

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

Signature of Registered Agent