199000587

*							
(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:							

Office Use Only



500298002945

APR 2 5 2017 S. YOUNG SECRETARY OF STATE
FALLAHASSEE, FLORID
17 APR 24 AM 9: 03

117 APR 24 PN 2: 34

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 608468 4813078						
AUTHORIZATION : Julilleman						
COST LIMIT : (\$25.00						
ORDER DATE: April 20, 2017						
ORDER TIME : 10:14 PM	7					
ORDER NO. : 608468-345	APR					
CUSTOMER NO: 4813078	TALLIAHASSIC					
CHANGE OF AGENT						
NAME: IF PRODUCTIONS, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Melissa Zender EXT#						

EXAMINER:

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.	Na	me of the limited liability company: If Production	uctions, L	LC			
2.	(a)			(b):		
	Y7	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	npany;	_ (i	Mailing address of limited I (Note: MAY BE POST (
		1375 East Buena Vista Drive, 4th Floor I	North	_	500 Sout	h Buena Vista Street	
		Lake Buena Vista, FL 32830			Burbank	CA 91521	
		09/20/1999		<u>.</u>	L9900000	058 8 7	
3.		Date of filing/registration in Florida	•	4.	·	Document number	
5.	(a)	Registered Agent and Registered Office shown on the r				-	
		Registered Agent and Registered Office shown on the	recards of t	he Florida	Dept. of State	: :	
		Jeffrey S. Craigmile					
		Registered Office Address (MUST BE FLORIDA)	STREET A	DDRESS	1.		
		1375 East Buena Vista Drive, 4th Floor No	_	17			
		Lake Buena Vista	, FL_	32830			ALL AHASSEE, FLOWER 17 APR 24 AM 9: 03
							\$50 24
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	?egištered :	Office side	lrots:	-	= -
				Office au	412-22-		9
		:Margaret C. Giacalone					9: 03
		NEW Registered Office Address:				•	. س
		1375 East Buena Vista Drive, 4th Floor Nort	th				
						•	
		Lake Buena Vista	FL_	32830			
the ag	ent was ent was entwe	mited liability company is not organized under nge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li- ter authorized by an affirmative vote of the me cles of organization or the operating agreement	ldress of mited lia embers of	the regis bility co f the lim limited li	tered office mpany, it is ited liability lability com	and the business office thereby confirmed that y company or as otherways.	e of the registered t the change(s)
	Signat	ure of a member or authorized representative of a memb		Mars	sha L. Reed	I, Secretary Printed or typed name of s	ionee
In pr the to no	herel ovisi obli mere tified	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ily reflect a change in the registered office ad it in writing of this change.	and agre	ee to act performa I for in C ereby co	in this capo nice of my o hapter 605, nfirm that i	acity. I further agree to	o comply with the
		Division of Composition	- n o n	(227	. Šinas		

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