19900005887

<u> </u>				
(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:				

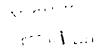
Office Use Only



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2021 SEP 30 PM 3: 40



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	029213	4813078	
	AUTHORIZATION	5	errell ele	man	
	COST LIMIT	. (\$ 25.00		
			-		
ORDER DATE :	September 23, 20	21			
ORDER TIME :	11:07 AM				
ORDER NO. :	029213-045				
CUSTOMER NO:	4813078				
CHANGE OF AGENT					

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

NAME: IF PRODUCTIONS, LLC

CONTACT PERSON: Eyliena Baker -- 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. N	ame of the limited liability company:	IONS, LLC			
2. (a)	1375 BUENA VISTA DRIVE	(b)_500	(b) 500 SOUTH BUENA VISTA STREET		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4TH FLOOR NORTH				
	LAKE BUENA VISTA, FL 32830	BUR	BANK, CA 91521-0105		
	09/20/1999	L9900	0005887		
3.	Date of tiling/registration in Florida	4.	Document number		
5. (a)	GIACALONE, MARGARET C				
J. (ti)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:		
	1375 BUENA VISTA DRIVE 4TH FLOOR NORTH				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	LAKE BUENA VISTA	7L_32830	7971 ST P 30		
			10 mm		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	FARY OF STEEL			
	and and an	ta t/inte Badi evi	Sign P P		
	Corporation Service Company				
	NEW Registered Office Address:		2: 04 STATE E.FL		
	1201 Hays Street				
	Tallahassee . F	FL 32301			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered offic liability company of the limited lia	e and the business office of the registered . it is hereby confirmed that the change(s) bility company or as otherwise provided in		
/s/ Cl	hakira H Gavazzi	Chakira H	Gavazzi Authorized Person		
	iture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	e performance of led for in Chapter I hereby confirm i	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
Signatu	ire of Registered Agent	Grace E. K	irby, Asst. Vice President		