MDWD0005890

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SALLAHASSEE, FLORIS

)22 FEB 24 AM II: 50

FORE TARY OF STAT

RARUCHS

FEB 25 7072 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 513049 8371988

AUTHORIZATION CAMEDOLINA

COST LIMIT : \$\frac{2}{2}5.00

ORDER DATE: February 24, 2022

ORDER TIME : 10:48 AM

ORDER NO. : 513049-005

CUSTOMER NO: 8371988

CHANGE OF AGENT

NAME: CLARO VIDEO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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:	, LLC					
	• • • • • • • • • • • • • • • • • • • •		/h)				
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>"</i> :	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	9100 NW 36TH STREET SUITE 101		9100 NW 36TH STREET SUITE 101				
	DORAL, FL 33178		DORAL, FL 33178				
	10/24/2006	M06000005890					
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)							
., (.,	Registered Agent and Registered Office shown on the record	ds of the Flori	da Dept. of Stat	te:			
	ORPORATE CREATIONS NETWORK, INC.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	<u> </u>	2022	
	1200 SOUTH PINE ISLAND ROAD					2 FEB	ر ال
	PLANTATION	. FL 33324		_	AHASSE	824	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						J
	NEW Registered Office Address: 1201 Hays Street						
	Tallahassee	, FL_32301		_			
agent v	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registe ed liability c ers of the li	red office and ompany, it is mited liability	d the business offices hereby confirmed viceinpany or as of	e of the that the	regist chanc	ered re(s)
/s/: E	dgar Roberto Rosales Moreno	Ed	gar Roberto	Rosales Moreno, A	Authorize	ed Per	son
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee				
provisi the obl to mere	hy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	tete perforn vided for in s, I hereby o	iance of my a Chapter 605 confirm that t	duties, and I am fan 5, F.S. Or, if this do the limited liability	niliar wi cument compan	ith and is bein iy has	rith the l accept ny filed been
	nace C. Kuby	GRACE.	E. KIRBY, A	ASST. VICE PREI	SDENT		
Signatu	re of Registered Agent						