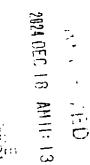
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 825717 8185854

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 11, 2024

ORDER TIME : 10:05 AM

ORDER NO. : 825717-317

CUSTOMER NO: 8185854

CHANGE OF AGENT

NAME: VIDA PUBLISHERS L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. Na	ame of the limited liability company:	ERS L.L.	.C.	
2. (a)	1211 Avenue of the Americas	(lì	1211 Aver	nue of the Americas
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10036		New York,	NY 10036
	11/21/2006		M06000000	6475
3.	Date of filing/registration in Florida	 4.	1	Document number
5. (a)				
(,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	;
	CT CORPORATION SYSTEM			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION . FL	33324		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>ldress</u> :	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee . FI	32301		
If the l	limited liability company is not organized under the law e or changes are made, the Florida street address of the	ws of the	State of Flo	rida, it is hereby confirmed that after the
agent was/w	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability co of the lin	ompany, it is tited liability	hereby confirmed Hall the sange(s). company or as otherwise provided in pany.
	MICHAEL L. BUNDER		•	INDER, AUTHORIZED PERSON
Signa	ature of a member or authorized representative of a member			Printed or typed name his signee N
provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	perform	ance of my d	uties, and I am familian with and accept
Signati	mes C-Kubi GRACE E. KIRBY, ASST.	VICE PI	RESIDENT	