To: Page 2 of 3 Division of Corporations

2018-04-03 11:41 38 CST

19542080845 From: Ranae McGraw



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Το:	Division of Corporations Fax Number : (850)617-6383	E	2418	
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 (). Phone : (614)230-3338 Fax Number : (954)208-0845	LAHASSE	i ÅPR - 3	
**Enter the annua Email		C FLORIDA		



LLC REGISTERED AGENT CHANGE DANNY WIMMER PRESENTS, LLC

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	EMENT OF CHANGE OF R		GISTERED AGENT OR BOTH FOR
	L	MITED LIABILITY COMPA	ANY'
Pursual submits Florida	the following statement in order	0114 or 605.0116, Florida Statuti 10 change its registered office o	es, the undersigned limited liability company r registered agent, or both, in the State of
- 1. Nar	me of the limited liability company	DANNY WIMMER PRESENTS, L	LC
2. (a)			
	Principal office address of limited (Note: MUST BE STREET	liability company: ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10350 SANTA MONICA BLVD ST	E 350	······································
	LOS ANGELES CA 90025		
	05/13/2011		M11000002468
3.	Date of filing/registration None - Agent Resigned	in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office sh	own on the records of the Florida Depi, of	State:
	Registered Office Address (MUST BE	FLORIDA STREET ADDRESS)	
* • • • • • •	None - Agent Resigned	· · · · · · · · · · · · · · · · · · ·	
		, Figure $\frac{\partial N}{\partial f^{2} \partial c}$	
(b) _			
	Enter name of <u>NEW Registered Agent</u> and	Vor NEW Registered Office address:	
	C T Corporation System		
	<u>NEW</u> Registered Office Address: 1200 South Pine Island Road		
·. ·		<u></u>	
	Plantation	FI 33324	
the chan agent wi was/wer the artic	ge or changes are made, the Florid ill be identical. Or, in the case of a e authorized by an allirmative vote les of organization of the operating	a street address of the registered of Florida limited liability company, of the members of the limited liab agreement of the limited liability Albert Lomeli	4/2/18
	re of a member or authorized representativ		Printed or typed name of signee
nonneo	ni wrinno ni nus crange.	· · · · · · · · · · · · · · · · · · ·	capacity. I further agree to comply with the 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
	poration System	Danny Vertecche Astistert Secretary	
		· · · · · · · · · · · · · · · ·	
	of Registered Agent		

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