## M120000 4114

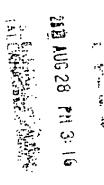
(Requestor's Name)				
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone a	#)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900333351929

08/28/19--01021--021 \*\*25.60







CSC - WILMINGTON
251 Little Falls Drive
Wilmington ' De 19808

800-927-9800 302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 26, 2019

Order#: 894406-013

Re: AXN BRAZIL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## ȘTATEMENT 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.

(-)	10202 W. Washington Boulevard	(b		
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Culver City, CA 90232	_		
	07/20/2012	<del></del> -	M12000	004114
	Date of filing/registration in Florida	4.		Document number
. (a)	National Registered Agents, Inc.			
. (-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ite:
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	<u> </u>	100 28 NG 28
	Plantation , FI	33324		NG 28 PM
(b)	Corporation Service Company			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ado	lress:	- 3. To
	1201 Hays Street			ir
	NEW Registered Office Address:	,		_
				·-
	Tallahassee , FL	32301		_
ne cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lient authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability co of the lim limited l	tered office mpany, it ited liabilities iability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Siano	ture of a member or authorized representative of a member	Jill C	ilmi, Auth	orized Person Printed or typed name of signee
l herei provisi he obl o mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	performa	ince of mi	pacity. I further agree to comply with the