## M1200000 4132

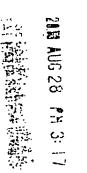
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

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09/28/19++61021++040 \*•25.00







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@cscqlobal.com

Date: August 26, 2019

Order#: 894410-071

Re: SPIN 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.

OUCA.XCOA

## - 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.

<ol> <li>Na</li> <li>(a)</li> </ol>	ame of the limited liability company: SPIN BRAZIL  10202 W. Washington Boulevard	(b)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Culver City, CA 90232		
	07/20/2012	M	12000004132
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI Services, Inc		
,	Registered Agent and Registered Office shown on the records		
	1200 South Pine Island Road		n-2
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	28 NO 28 PM 3: 18
	Plantation	FL <u>33324</u>	28
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address	•
	1201 Hays Street		
	NEW Registered Office Address:		<del></del>
	Tallahassee	FL_32301	<del></del>
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the companion of the operating agreement of the opera	of the registere Hiability compars of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Xee & a Once	Jill Cilmi	, Authorized Person
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	hy accept the appointment as registered agent and a ions 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, d'in writing of this change.	igree to act in the ete performance ded for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signatu	ire of Registered Agent Corporation Service Company	y BY: Ami N	M. Casper, Asst. Vice President