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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIBA

JUL 15 2013



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Courtney Cullen ccullen1@cscinfo.com

July 10, 2013 Date:

Order#: 695176-010

> Re: MOGULDOM FILMS, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing. XX

Please return evidence to the following: XX

Attn: Courtney Cullen

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuting to the provisions of sections 608.416 or 608.508, 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.

, a,	
1. Name of the limited liability company: MOGULD	OOM FILMS LLC
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	ompany: 5213 NW 33RD Avenue Tamarac FL 33309
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5213 NW 33RD Avenue Tamarac FL 33309
04/18/2013	M13000002498
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	
Registered Agent:	Ben Jamarlin Martin
Registered Office Address:	5213 NW 33RD Avenue Tamarac FL 33309
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the character than the members of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.	, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or
Jamarlin Martin	
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

tered Agent Corporation Service Company April Hudson, Asst VP