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LLC REGISTERED AGENT CHANGE SUNDANCE CHANNEL LATIN AMERICA LLC

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OCT 21 2015

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10/20/2015 12:39:04 PM From: To: 8506176383(2/2)

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.

Name of the limited liabilit	y company: SUNDANCE	CHANNEL LAT	IN AMERICA LLC
a) 11 PENN PLAZA		(b)	Same
Principal office addre	ess of limited liability company: BE STREET ADDRESS		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
NEW YORK, NY 10001		_	
08/01/2013		 М13	000004817
Date of filing/r	egistration in Florida	4.	Document number
CORPORATION SERVI	CE COMPANY		
Registered Agent and Register	ered Office shown on the records	of the Florida Dept	t. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
TALLAHASSEE		FL_32301	FALED MANAGERS
C T Corporation System			مختلف بمراح فأرا
	red Agent and/or NEW Registe	red Office address	DA O
NEW Registered Office Add	tress:		
1200 South Pine Island	Road		
Plantation		FL 33324	_
e limited liability company hange or changes are made t will be identical. Or, in t were authorized by an affir rticles of organization or the	is not organized under the the florida street address he case of a Florida limited mative rate of the member of the premung agreement of the street of the s	of the registered liability comparts of the limited liability liability of the limited liability of the limited liability liability of the limited liability of the limited liability liability of the limited liability liability of the limited liability liab	te of Florida, it is hereby confirmed that after doffice and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Kurz, Manger
nature of a member or authorize	representative of a member	well to	Printed or typed name of signee
reby accept the appoint of sisters of all statutes religion bilgations of my position are ly reflect a change in the led in writing of this change	f nt as registered agent and love to the proper and comple is registered agent as provi the registered office address, the	ete perjormance ided for in Chap , I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being fill the the limited liability company has been
Conforation System	Alfred Yo		
nure of Registered Agent	Assistant S	ecretary	•
Divis	sion of Corporations. P.C	D. Box 6327 • T	allahassee, FL 32314

FILING FEE: \$25.00