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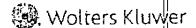
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Chris Rickard Senior Fulfillment Specialist CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



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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.

1. Na	me of the limited liability compa	any: Comcast Spectaco	ır V	entures, t	-L-U	
2. (a)	3601 S. Broad Street	(b) 3601 S. Broad Street				
2. (a)	Principal office address of limi (Nota: MUST RE STRE	ted liability company: EET ADDRESS)			ailing address of limited I (Note: MAY BE POST 6	ability company: OFFICE BOX)
	Philadelphia, PA 19148		_	Philadelp	hia, PA 19148	
			_	···		·
	03/28/2014		٨	11400000	2161	
3.	Date of filing/registrati	on in Florida 4.	-	ı	Document number	
5. (a)	Dave Anderson					
J. (u)	Registered Agent and Registered Office 650 Okeechobee Blvd.	z shown on the records of the Flor	ldn I	Dept. of State;	:	i
	Registered Office Address 6MUST	BE FLORIDA STREET ADDRESS				(3,
						•
	West Palm Beach	, FL 3340)1			, •
(b)	CT Corporation System					
(0)	Enter name of NEW Registered Agen	and/or NEW Registered Office	addı	C22 ;		(3
	 1200 South Pine Island R	l coad				
	NEW Registered Office Address:	1				
		1				
	Plantation	, _{FL} 333:	24			
the cha agent v was/we the arti	imited liability company is not o ange or changes are made, the Fl will be identical. Or, in the case are authorized by an alfirmative icles forganization or the opera	orida street address of the re of a Florida limited liability vote of the members of the ting agreement of the limite	gist cor limit d lia	ered office inpany, it is led liability some of the property o	and the business off hereby confirmed the company or as other pany. berg, President	the change(s) wise provided in
	ture of them er authorized represen				Printed or typed name of	-
I here provision the oblive to mere notification to the new transfer to the new transfer transfer to the new transfer tr	by accept the appointment as re- tions of all statutes relative to the ligations of my position as regist elv reflect a change in the regist d'in writing of this change.	gistered agent and agree to proper and complete perform ered agent as provided for ered office address, I hereb MARGARET Special Assis	act i rma n'© y col E. F	n this capa nce of my a hapter 605, nfirm that the NOUTZAP	city. I further agree luties, and I am famil F.S. Or, if this document of the limited liability could be seen the liability could be seen the liability could be seen to be seen the liability could be seen the liability be seen the liability could be seen the liability could be seen the liability could be seen the liability be seen the liability could be seen the liability could be seen the liability be seen the liability be seen the liability be seen the liability could be seen the liability be seen to be seen the liability	to comply with the iar with and accept ment is being filed inpany has been
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