## M15000004001

(F	Requestor's Name)					
( <i>F</i>	Address)					
(/	Address)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions t	to Filing Officer:					

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: May 11, 2017	Account#: 120000000088
Name: Marisa Kugelmann	
Reference #: <b>G032459</b>	
Entity Name: BRADY STARBUI	RST LLC
Articles of Incorporation/Authorization to	Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
•	
Authorized Amount: \$25.00	<del></del>
Signature: WK	

+1.212.947,7200

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
		See do Ou do model O
SUBJ	ECT:	Brady Starburst LLC
	N	ame of Limited Liability Company
Dear !	Sir or Madam:	
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	Ruchika Khanna	
	Name of Person	<del></del>
	Firm/Company	<del></del>
	287 Richmond Street, Suit	e 104
	Address	
	Toronto, Ontario M5A 1	P2
	City/State and Zip Code	
	Ruchika.Khanna@cineplex	
1	E-mail address: (to be used for future a	nnual report notification)
For fu	rther information concerning this matte	er, please call:
	Ruchika Khanna	at (416)323-6600
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
•	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	ng amount:
	U \$25 Filing Fee	\$55 Filing Fee & Certified Copy
MUCI	2 (2/14)	- ••

## 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.	Name of the limited liability company: Brady S			Brady Starburst LLC				
2	(a)	1920 Center Park Drive,		(в)	1920 Center Park D	Orive		
_,	(ω) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-).	Mailing address of limited lial (Nate: MAY BE POST OF			;
		Charlotte, NC 28217	_	-	Charlotte, NC 282	.17		
		05/18/2015	<del>-</del>		M15000004001			<del></del>
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	DIETRICH, PAUL						
		Registered Agent and Registered Office shown on the records of the	ne Flor	ida D	Dept. of State:			
		1031 WEST MORSE BLVD				: . . : . b		
	Registered Office Address (MUST BE FLORIDA STREET A				1		7	
		STE 350						
		WINTER PARK FL.		327	2789	. 1		7 *
					<del></del>		700-	
	(b)	COGENCY GLOBAL INC.				11	င္	Ŀ
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office	<u>addr</u>	iress:	•	O1	
		115 North Calhoun Street, Suite 4	l			×		
		NEW Registered Office Address:						
		·						
		Tallahassee , FL		323	2301			
the age	cha ent v	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility f the l	giste con imit	stered office and the business office impany, it is hereby confirmed that ited liability company or as otherw iability company.	of the the cl	e regis hange(:	tered s)
_		dundo	_		Anne Fitzgerald			
		ure of a member or authorized representative of a member			Printed or typed name of sig			
pro the	ovisi obl merc	by accept the appointment of registered agent and agree ons of all statutes relative to the proper and complete is attorned by position as registered agent as provided fly reflect a change in the registered office address, I had in writing of this change.	ee to o perfor i for i sereby	act i mar n Ch con	in this capacity. I further agree to ince of my duties, and I am familia hapter 605, F.S. Or, if this docum onfirm that the limited liability com	coni r with ent is pany	ply with and a being has be	h the ccept filed en
Si	/(C	re of Registered Agent						
ĺ	7	Division of Cornerations P.O. R	lov 62	177-	a Tallahassee FI 32314			