

MISSOURI 5473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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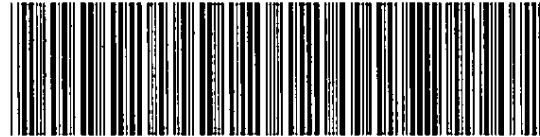
(Business Entity Name)

(Document Number)

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2018 MAR 16 A 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. SCOTT
MAR 19 2018

**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: PINNACLE VENUE SERVICES, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1100 GLENDON AVENUE, 21ST FLOOR
LOS ANGELES, CA 90024

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1100 GLENDON AVENUE, 21ST FLOOR
LOS ANGELES, CA 90024

7/13/2015

M15000005473

3. Date of filing/registration in Florida 4. Document number

5. (a) PAT CONDON

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 CATALAN BLVD NE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST PETERSBURG, FL 33704

(b) NRAI SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1200 SOUTH PINE ISLAND ROAD

NEW Registered Office Address

PLANTATION, FL 20005

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JULIE TREMBLAY, AUTHORIZED REPRESENTATIVE

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

JUDY CULVER, ASSISTANT SECRETARY

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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