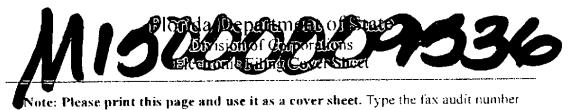
9/13/2019

Division of Corporations



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	Account Number		•	
		: (614)280-3338		
		: (954)208-0845	-	
		and the second second second second		_
**Enter	the email address	s for this business entity to be used for	TUTUP!	е
anr	nual report maili	ngs. Enter only one email address please.	-, -	
Fm:	ail Address:			

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY: COMPANY 2

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 liability company: AMC DILIGENO	-12, t.l.C.	
(a) 630 Third Ave. Suite 1601, New York, NY 10017		
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11/25/2015		5000009536
Date of filing/registration in Florida CORPORATION SERVICE COMPANY (a)	4.	Document number
Registered Agent and Registered Office shown on the records of 1201 HAYS STREET Registered Office Address	·	ot, of State:
TALLAHASSEE	32301	
C T Corporation System		·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
NEW Registered Office Address:		7.2
1200 South Pine Island Road		
Plantation	33324	₹ \$ <u>\$</u>
ne limited liability company is not organized under the lay change or changes are made, the Florida street address of at will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members carticles of organization or the operating agreement of the	ws of the State of the registere ability compared the limited limited	ed office and the business office of the register any, it is hereby confirmed that the change(s). Liability company or as otherwise provided in
gnature of a methor or authorized representative of a member		Printed or typed name of signee
prehy accord the appointment as registered agent and agi visions of all statutes relative to the proper and complete	ree to act in t performance	this capacity. I further agree to comply with the of my duties, and I am familiar with and account to 805 KS. Or if this document is being filled.
visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide nevely reflect a change in the registered office address, Li ified in writing of this change. C T Corporation Sysyah		m that the limited liability company has been

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