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## LLC REGISTERED AGENT CHANGE OTF STUDIOS, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$25.00		

M. SOLOMON

## 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 company: OTF STUDIOS, I	L <b>L</b> C					
2.	(a)	6000 BROKEN SOUND PARKWAY NW, STE 200	(	(b) <sup>60</sup>		00 BROKEN SOUND PARKWAY NW. STE 200		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		BOCA RATON, FL 33487		<u>-</u>	BOCA RA	ATON, FL 33487		
		04/20/2016	_	М	16000003	250		
3.	(a)	Date of filing/registration in Florida PARACORP INCORPORATED	4.	_		Document number		
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 OFFICE PLAZA DR.				(		
		Registered Office Address (MUST BE FLORIDA STREET)  1ST FL	ADDRES.	<u>S)</u>		2024 SEP 30 SEC		
		TALLAHASSEE , FL	32301			<b>ω</b>		
	(b)	Corporate Creations Network Inc.						
	<b>,</b> – <i>γ</i>	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>255</u> :	STATE STATE			
		801 US Highway			FR #			
		NEW Registered Office Address:						
		<del></del>			<del></del>			
		North Palm Beach , FL	33408					
cha age was	nge nt w :/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of these of organization or the operating agreement of the least	registere bility co f the lim	ed o omp nite	office and pany, it is d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
· I						, Attorney-in-Fact		
	-	are of a member or authorized representative of a member				Printed or typed name of signee		
I h pro the to n not	ereb visid obli nere ified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	e to act performa for in C ereby co	t in and Cha onfi	this capac re of my di pter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been		
		ten Capinales K	risten E	spi	nales, Spe	ecial Secretary		