M16000005460

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12	2/03/2018	
Name:	Merritt Walker	_
	1007062	
	WASATCH VI	DEO SERVICES, LLC
Articles	of Incorporation/Authorization	n to Transact Business
Amendn	nent	
Change	of Agent	
Reinstat	ement	
Convers	ion	
☐ Merger		
Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount:\$QS	
Signature:	s AAAA	

F: 800.944.6607

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

Pursuant to the provisions of sections 605.0114. 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: WASATCH	VIDEO SERVICES, LI	LC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	W: 1905 KRAMER LN SUITE A	100	
	Austin, TX 78758	Z	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1905 KRAMER LN SUITE	C	
	Austin, TX 78758		
July 7, 2016	M16000005460	SSA	
3. Date of filing/registration in Florida	4. Document number	முல் வ	
5. (a) Registered Agent and Registered Office shown or	i the records of the Florida	775. 5	
Registered Agent:	CT Corporation Syste	em	
Registered Office Address:	1200 South Pine Island Road		
registered connect address.	1200 South Pine Island Road		
	Plantation, FL 33324	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	COGENCY GLOBAL INC. 115 North Calhoun St., Suite 4		
(MUST BE FLORIDA STREET ADDRESS)			
	Lallahassee	.Fl. 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a number of anthorized representative of a member handless or typed name of signey	Florida street address of the ntical. Or, in the case of a Fs) was/were authorized by a vise provided in the articles	registered office Florida limited in affirmative vote of of organization or	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	agree to act in this capacity roper and complete perform position as registered agent perely reflect a change in th my has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change,	

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00