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## 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.

Na	me of the limited liability company:	'Neil Digital Solut	ions, LLC		
(a)	• • •		(b) 120	(b) 12655 BEATRICE STREET, SUITE A Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)	
1-1					
	LOS ANGELES, CA - 90066		L0	SANGELES, CA - 90066	
	05/25/2017		 M17	090904504	
i. (a)	Date of filing/registration in FI PARACORP INCORPORATED	lorida	4.	Document number	
(0)	Registered Agent and Registered Office shown on the records of the Florida Dept, of Sia 155 OFFICE PLAZA DR IST FLOOR				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TALL	
	TALLAHASSE				
(b)	C T Corporation System			SET	
. ,	Enter name of <u>NEW Registered Agent</u> and or <u>New Registered Agent</u>	NEW Registered Of	ffice address:	TALLANASSEE FT MAIN:	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation	, FL	3324		
e cha ent v as/w	inge or changes are made, the Florida str will be identical. Or, in the case of a Flo	reet address of th orida limited liab the members of t	e registered ility compa the limited mited liabil		
	Jaund lu		Richard S		
Signa	fure of a member or authorized representative of	member		Printed or typed name of signee	

provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar 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.

By:	Jane Zachritz
Signature of Registered Agent	Jano Zachritz, Asst. Secretary

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