Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000284642 3)))



H180002846423ABC2

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

#### LLC REGISTERED AGENT CHANGE **BORAT MEDIA, LLC**

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# 4180002846423

#### COVER LETTER

10:	Division of Corporations		
SUBJ	<b>ፑ</b> ርፕ∙	Borat Medi	a, LLC
J C 250		Name of Limited L	lability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Re	gistered Office Change and	fee(s) are submitted for filing.
Please	return all correspondence co	oncerning this matter to the	following <sup>,</sup>
	Jennifer S	harp	
	Name of P	erson	
	InCorp Servi	ces, Inc.	
	Finn/Com	pany	- <del>-</del>
	3773 Howard Hughes I	kwy. · Suite 500S	
	Address		
	Las Vegas, NV (		
	City/State and	Zip Code	
	documents@ir		
I	E-mail address: (to be used fo	ir future annual report notif	ication)
For fu	rther information concerning	this matter, please call:	
Jenn	ifer Sharp on behalf of InCorp	o Services, Inc. at ( 800	246-2677
-	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER AD	DRESS: M.	AILING ADDRESS:
	Registration Section		gistration Section
	Division of Corporations		vision of Corporations
	Clifton Building		D. Box 6327
	2661 Executive Center Cir Tallahassee, Florida 32301		llahassee, Florida 32314
	Enclosed is a check for th	c following amount:	
	23 \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INH\$1	8 (2/14)		

## H18000 28464 23

## 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.

(a)		(b)	
. (a)	Principal office address of limited Hability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3730 Royal Palm Ave		
	Miami Beach, FL 33140		
	02/05/2018	M18	3000001230
	Date of filing/registration in Florida	4.	Document number
(a)	Business Filings Incorporated		
	Registered Agent and Registered Office shown on the records of	f the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 S Pine Island Rd		
	Plantation	33324	三 一
	,		
	In Conn. Complement James		
(b)	InCorp Services, Inc.		- 1945 <b>元</b> -
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<b>Fig. 5</b>
(b)		d Office address;	<b>州[2:1</b>
(b)		d Office address:	AH IZ: 10
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	HIZ: 10
(b)	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North	d Office address:	HIZ: 10
(b)	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North  NEW Registered Office Address:	d Office address:	HIZ: 10
(p)	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North NEW Registered Office Address: Loxahatchee, FL 33470	22.475	
	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee	33470	
'the I	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Filimited liability company is not organized under the la	33470	e of Florida, it is hereby confirmed that after
the l	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxahatchee  Loxahatchee, FL 36470  Loxahatchee	33470	e of Florida, it is hereby confirmed that after d office and the business office of the registere
the le chi	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxahatchee, FL 67th Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	33470 ws of the State f the registered iability compa- of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registereny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
the le chi	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxa	33470  ws of the State f the registered iability compa- of the limited e limited liabili	e of Florida, it is hereby confirmed that after d office and the business office of the registerent, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
the lecther the least was as least was as least was as least with the least le	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxa	33470 ws of the State f the registered iability compa- of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registereny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Ohana
the lead to the le	Enter name of NEW Registered Avent and/or NEW Registered  17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxahatchee	33470 ws of the State of the registered lability compa of the limited lability Charles	e of Florida, it is hereby confirmed that after d office and the business office of the registereny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Ohana  Printed or typed name of signce
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the I c chi gent was as we will be a start of the start o	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Loxahatchee FL 36470  Loxahatchee  Loxahatchee FL 36470  Loxah	associated limited lim	e of Florida, it is hereby confirmed that after d office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Ohana  Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file m that the limited liability company has been

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

INHS18 (2/14)

### 井はひひつをいろいる

	GUENTER ZIMMERMANN died on March 10, 2018.
2. 1	The members are: MONIKA ZIMMERMANN, as sole surviving Trustee of the GUENTER ZIMMERMANN
RE	VOCABLE LIVING TRUST AGREEMENT, dated April 12, 2000; and SANDRA BORSCH
3. 3	40NIKA ZIMMERMANN, as Trustee of the GUENTER ZIMMERMANN REVOCABLE LIVING TRUST
AG	REEMENT, dated April 12, 2000, shall act as the manager of the company.
	71.
_	The state of the s
Teetiv If th	date, if other than the date of filing:
ffeetive If the core	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list a effective date on the Department of State's records.
fferiv inent' ecore	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list a effective date on the Department of State's records.  I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier

Page 3 of 3

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Michael Pavlou 7863631992

[MEL-MARTINEZLogo-B]

Michael T. Pavlou
Office Manager
2601 S. Bayshore Drive, 18th Floor
Coconut Grove, Florida 33133
Telephone (305) 444-5969
Facsimile (305) 444-1939
Direct Facsimile (786) 363-1992
e-mail: mtp@mellawyers.com<mailto:cmarin@mellawyers.com>

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