M/80000 6/08

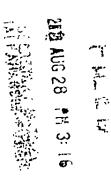
| (Red | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Add | dress) | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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08/28/19--01031--032 **25.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 26, 2019

Order#: 894406-104

Re: GARDEN FILMS PRODUCTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

<u>XX</u> File in your office on a routine basis.

MX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

*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

| 2. (a) | 10202 W. Washington Boulevard | (b) | | |
|---|---|--|---|--|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (*) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Culver City, CA 90232 | _ | | |
| | 07/02/2018 | | M180000 | 006108 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | C T Corporation System | | | |
| , , | Registered Agent and Registered Office shown on the records of | | Dept. of Sta | te: |
| | 1200 South Pine Island Road | | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET) | (DDRESS) | | MI AUG 28 PM |
| | Plantation FL | 33324 | | |
| (b) | Corporation Service Company | | | - 4 |
| , , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office add | <u>ress</u> ; | |
| | 1201 Hays Street | | | |
| | NEW Registered Office Address: | | | |
| | | | | _ |
| | Tallahassee FL | 32301 | | _ |
| the ch agent was/w | limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regis ability co of the limi | tered offic mpany, it ted liabili | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | Jee & Conec | Jill C | ilmi, Auth | orized Person Printed or typed name of signee |
| I here provis the ob to mer notifie | aure of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I do not be a change. | performe d for in C hereby co | nce of my hapter 60 nfirm thai | pacity. I further agree to comply with the |