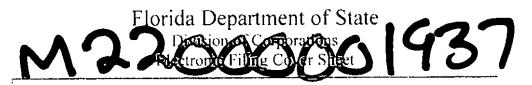
Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)819-3588

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMMERSIVE SCENIC STUDIOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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JUN 1 0 2022

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Help

K. Brumbley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT

BUSINESS IN FLORIDA

SECTION	i I (1-4 must be completed)		
1. Name of limited liability Company as it appear	s on the records of the Florida	Department of	
State: Immersive Scenic Studios LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lie	ability company is: M2200000	1937	FIL 2022 JUN 1 O
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: $\frac{02/0}{}$	7/2022		
SECTION II (5-9 complete only the applicable	changes)		8: 39
5. New name of the limited liability company: (mus	st contain "Limited Liability Co	ompany, " "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.)	maging members adopting the a C." or "LLC.")	alternate name. Th	e alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our recor ddress here:	ds, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da Sireei Address	
-	City	, Florida	Lip Code
New Registered Agent's Signature, if changing Relievely accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change	mt and agree to act in this cape cand complete performance of tered agent as provided for in t	my duries, and La Chapter 605, F.S.	m familiar with Or, if this

liability company has been notified in writing of this change.

From: Vcorp Services, LLC

Fitle/ Capacity	Name	Address	Type of Action
MGR	Marino Pena	7455 Emerald Dunes Dr., Suite 800	= Add
		Orlando, Ft. 32822	□Remo
MGR	Ashley Miller Bell	7455 Emerald Dunes Dr., Suite 800	= Add
		Orlando, Ft. 32822	□Remo
			□Add
			□Remo
			□Add
		-,-,,	□Remo
			□Add
aforementic	a certificate, if required; no more the oned amendment(s), duly authentical under the law of which this entity is	ned by the official having custody of records in the	□Remo e