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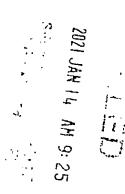
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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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: January 12, 2021

Order#: 592841-125

Re: DISCOVERY LATIN AMERICA, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ 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.

OUCA.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.

1. N	Name of the limited liability company:DISCOVERY	LATIN AMER	RICA, L.L.C.		
2. (a	9403 Cologuillo Boad	(h)			
2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		
	Silver Spring, MD 20910				
	03/10/1997	M	97000000118		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a	C T Corporation System				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREE				
				202	
	Plantation	FL33324		2021 JAN 11,	
				= ;	
(b)	Enter name of NEW Registered Agent and/or NEW Register				
	nater name of New Registered Agent and/or New Register	ea Onice addre	<u>ss</u> :	5	
	Corporation Service Company			M 9: 26	
	NEW Registered Office Address:	<del></del>			
	1201 Hays Street				
	Tallahassee I	FL_32301			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registered of liability comp s of the limite	office and the business pany, it is hereby confit d liability company or	office of the registered rmed that the change(s)	
/s/ Ji	s/ Jill Cilmi Jill Cilmi, Autho				
Sign	ature of a member or authorized representative of a member	<del></del>	Printed or typed	I name of signee	
provi. the oi to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provia rely reflect a change in the registered office address, and in the registered office address.	te performanc	e of my duties, and Lai	m familiar with and accept	
nougi (	ed in writing of this change.	Corporation	Service Company		
Signature of Registered Agent Ami M. Ca			sper, Asst. Vice President		