Division of Corporations



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REGISTERED AGENT CHANGE ENTERTAINMENT VENTURES USA INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, oz.617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
2. The principal	office address: 76 Dockside Dr St. Augustine, FL 32084
3. The mailing a	address (if different):
4. Date of incom	poration/qualification: 07/13/2015 Document number: P15000059767
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	LEGALINC CORPORATE SERVICES, INC.
	5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907
	FORT MYERS, FL 33907
6. The name and (if changed):	Rocket Lawyer Corporate Services LLC
	Rocket Lawyer Corporate Services LLC
	155 Office Plaza Drive, 1st Floor
	P.O. Box. NOT acceptable Tallahassee, FL 32301
The street addi	ress of its registered office and the street address of the business office of its registered agent, libe identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.
///	Printed or Syped name and life Printed or Typed name and life
I hereby accept further agree of my duties, o	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address. I hereby confirm that the as been notified in writing of this change.
	ignature of Registered Agent Date Date
EDNA L. P	PERRY Typed or Printed Name * * * FILING FEE: S35.00 * * *
	LIDE/O I PRO CONTACT

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)