Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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REGISTERED AGENT CHANGE ANIMOR STUDIOS INC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

H17000201393

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

Prinsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute	es, this UDA
statement of change is submitted for a corporation organized under the laws of the State of FLOR in order to change its registered office or registered agent, or both, in the State of Florida	<u>a</u> .
1. The name of the corporation: ANIMOR STUDIOS INC	
2. The principal office address: 6505 Blue Lagoon Dr. Suite 130	
Miami, Florida 33126	
3. The mailing address (if different): 6505 Blue Lagoon Dr. Suite 130	
Miami, Florida 33126	
4. Date of incorporation/qualification: 08/20/2015 Document number: P1500006	9381
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	e
ROMINA ESPINOSA	
6415 W 18 AVE	٠
HIALEAH, FL 33012	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Magda Marcelo-Robaina, Esq.	
6505 Blue Lagoon Dr. Suite 130	
P.O. Box NOT acceptable	
Miami, Florida 33126	
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	dstered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	
Romina Espinosa	
Sumature of an officepor director Printed or typed name and title	-
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies and I am familiar, with and accept the obligation of my position as a agent. Or, if this document is being flied merely to reflect a change in the registered office od hereby confirm that the corporation has been notified in writing of this change.	e registered ulress, I
July 31, 2017	
If signing on behalf of an entity:	
MARCELO LAW GROUP, P.A.	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	
Y TOTAL OF THE PARTY OF THE PAR	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2EG45 (03/12)