PIDOOORAB

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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17 OCT 13 AKIB: WI

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 850412 8137649					
AUTHORIZATION :					
COST LIMIT : S 55.00					
ORDER DATE : October 6, 2017					
ORDER TIME : 9:37 AM					
ORDER NO. : 850412-005					
CUSTOMER NO: 8137649					
CHANGE OF AGENT					
NAME: PASEO TERRANO MEDIA INC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XXX PLAIN STAMPED COPY					
CONTACT PERSON: Roxanne Turner EXT#					

EXAMINER:

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

statement of cha	mge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State o gistered agent, or both, in the State o	<u>f</u> Florida	
1. The name of	the corporation: PASEO TERRANO	MEDIA INC		
	office address: 777 BRICKELL AVE			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/31/2017	Document number: P1700	0048236	
	I street address of the current register thent of State: (If resigned, enter res	red agent and registered office on file signed)	with the	
	LEGALINC CORPORATE SERVICE	CES INC	_	
	FORT MYERS, FL 33907			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company	, <u> </u>	- 53 H	
	1201 Hays Street) දිසි ර –	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301	_	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of	its registered agent.	
Such change wa authorized by th	es authorized by resolution duly ado	pted by its board of directors or by an notified in writing of the change.	n officer so	
/M	b	Nicholas Anable Presid		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	my duties, and I am familiar with a	statutes relative to the proper and co nd accept the obligation of my positio reflect a change in the registered off	omplete on as registered	
By:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10/06/2017		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Conor Durnan	Assistant Vice President			
T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *