oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: MARTIN WILEY

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

Title	MGRM	Title	MGRM
Name	WILEY, MARTIN	Name	SIMMONS, JEFFERSON
Address	3255 NE 184TH STREET SUITE 12304	Address	3255 NE 184TH STREET, SUITE 12304
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
Title	AUTHORIZED MEMBER		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MARTIN WILEY

Julient Maining Address.	
8255 NE 184TH STREET SUITE 12304 AVENTURA, FL 33160 US	
EI Number: APPLIED FOR	Certificate of Status Desired: No

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

JOESPH JORDAN LITTLE **IRREVOCABLE TRUST OF 2009**

MARINA DEL REY CA 90292

13763 FIJI WAY

JAMES J LITTLE AND ASSOCIATES

Electronic Signature of Registered Agent

WILEY, MARTIN J 3255 NE 184TH STREET SUITE 12304 AVENTURA, FL 33160 US

DOCUMENT# L12000159750

Entity Name: MIAMI FILM REGIONAL CENTER, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

3255 NE 184TH STREET, SUITE 12304 SUITE 12304 AVENTURA, FL 33160

Current Mailing Address:

Authorized Person(s) Detail :

Name

Address

City-State-Zip:

FILED Mar 02, 2017 Secretary of State CR4689407915

> 03/02/2017 Date

03/02/2017