(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	<u>-                                    </u>
(Ďc	ocument Number)	
Certified Copies	Certificates o	f Status
<del> </del>		
Special Instructions to Filin	ng Officer:	
	<del>-</del>	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Shauna Godbolt

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195	
	REFERENCE	:	473022 8447855	
	AUTHORIZATION	:	\$ 35.00	<b>~</b> 1
	COST LIMIT	:	\$ 35.00	W.E.
ORDER DATE :	May 20, 2024			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ORDER TIME :	9:39 AM			
ORDER NO. :	473022-006			
CUSTOMER NO:	8447855			
	- <b>-</b>			<b>- </b>
	CHANGE OF A	GEN'	<u>T</u>	
NAME:	FANDOM, INC.			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:	
	FIED COPY			
XX PLAIN	STAMPED COPY			

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State	of_DE
1. The name of t	he corporation: FANDOM, INC.		
2. The principal		4	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/17/2006	Document number: F060	000000304
	I street address of the current registered tment of State: (If resigned, enter resigned)	<del>-</del>	e with the
	CT Corporation System	<u></u>	0
	1200 SOUTH PINE ISLAND ROAD		2024 H
	PLANTATION, FL 33324		
6. The name and (if changed):	I street address of the new registered as Corporation Service Company	gent (if changed) and /or registered	2024 HAY 24 P 12: 37
	1201 Hays Street	•	— : 37 <b>2</b>
		Box NOT acceptable	<u> </u>
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the stre be identical.	et address of the business office	of its registered agent.
Such change wa authorized by th	is authorized by resolution duly adoptic board, or the corporation has been	ted by its board of directors or by notified in writing of the change.	an officer so
/S/ Desmond	Cussen	Desmond Cussen	AUTHORIZED PERSON
Signatur	e of an officer or director	Printed or typed name a	and title
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this change in Service Company	atutes relative to the proper and bligation of my position as regist the registered office address, I h	complete performance vered agent. Or, if this ereby confirm that the
By: X)	e otokuble	05/20/2024	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	BY, ASST. VICE PRESIDENT		
Ту	ped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13) 473022 -6