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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

, Division of Co	rporations		
GAME (CHANGER, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Casey Wilson		
		Name of Person	
	Ascentia FE		
		Firm/Company	
	301 W. Platt Street,	#346	
		Address	
	Tampa, FL 33606		
	cw@ascentiafe.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	201 A
Casey Wilson		813 448-6558	2014 MAR
Name o	of Person	Area Code Daytime Telephone	Number 555
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, on ertificate of Status & ertified Copy dditional copy is enclosed)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIER ADDRI Registration Section Division of Corporations	ESS:

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

GAME CHANGER, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/29/2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000085571 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Florida

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kent Clothier	2505 NW Boca Raton Blvd., Ste. 205	≣ Add
		Boca Raton, FL 33431	Remove
MGRM	TWD, LLC	2505 NW Boca Raton Blvd., Ste. 205	Add
		Boca Raton, FL 33431	■ Remove
MGR	Tacy M. Rossa	203 Olympic Club Drive	
		Summerville, SC 29483	■ Remove
MGRN	ZBIZ, Inc.	401 West A St., Ste 900	— □ Add
		San Diego, CA 92010	2014 Remove
			PH LANG
			□ Remove
			D Add
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Filing Fee: \$25.00

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