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Office Use Only



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24 Changes

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: October 9, 2019

Order#: 929782-004

Re: ELEVATE ENTERTAINMENT PAYROLL SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| I. N | dame of the limited liability company: ELEVATE ENT | ERTAIN | MENT PAY | ROLL SERVICES, LLC | | |
|---|--|--|--|---|---|--------------------------------------|
| 2. (a) | 8500 MENAUL BLVD NE STE A-440 | (b | (b) 8500 MENAUL BLVD NE STE A-440 | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited lial (Note: MAY BE POST OF | - | |
| | ALBUQUERQUE, NM 87112 | | ALBUQU | JERQUE, NM 87112 | | |
| | 01/26/2018 | _ | M180000 | 000959 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a |) INCORP SERVICES, INC. | | | | | |
| <i>J.</i> (4) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | 17888 67TH CT N | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | ~ | | |
| | | | | _ | | |
| | LOXAHATCHEE | . 33470 |] | . | | |
| | | | | | b | · <u>·</u> |
| (b) | | 1.005 | 1 | _ | ٠., | - |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | i Office au | uress: | | · | - |
| | 1201 Hays Street | | | | • | <u> </u> |
| | NEW Registered Office Address: | | | | <u> </u> | ر ۾ 'د |
| | | | | | مَن | 1 – |
| | | | | _ | ري تد. | |
| | Tallahassee | ,32301 | | _ | | •• |
| the clagent was/v | limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | f the reginability consists of the limited lim | stered officompany, it is it i | e and the business office is hereby confirmed that ty company or as otherw mpany. | of the reg the change | istered e(s) |
| Sign | nature of a member or authorized representative of a member | Jiii (| Jimi, Aum | orized Person Printed or typed name of sig | gnee | |
| I her provi the oi to me notifi | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. Line of Registered Agent Corporation Service Company | e perform ed for in (hereby c | ance of my Thapter 60 Onfirm that | oacity. I further agree to | comply wi r with and tent is bein pany has h | ith the accept g filed been |
| - | Division of Company to an P.O. | | | · | | |