## F1300000 4551

(Req	uestor's Name)			
(Add	Iress)			
(Add	lress)			
_ (City	/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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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: Ami Casper ami.casper@cscglobal.com

Date: October 10, 2019

Order#: 950493-053

Re: PEAK RESORTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

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.

OUCA.XCOA

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

statement of ch	nange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Starganized under the laws of the State of $N$	lissouri
1. The name of	the corporation: PEAK RESORTS, IN	NC.	
2. The principa	office address: 17409 Hidden Valley	y Drive, Wildwood, MO 63025	_
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 10/21/2013	Document number: F1300000	4557
	nd street address of the current register artment of State: (If resigned, enter res	ed agent and registered office on file with igned)	the .
	Timothy D. Boyd		
	630 Campus Street, Unit 202		<i>~</i> )
	Celebration	FL 34747	41 300 61B
6. The name an (if changed):	<del>-</del>	agent (if changed) and /or registered offic	FH 2:
	1201 Hays Street		<u>.</u>
		NOT acceptable	_
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the str I be identical.	eet address of the business office of its r	egistered agent.
Such change wanthorized by t	as authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an of a notified in writing of the change.	ficer so
<u> </u>	E. Well	Jill Cilmi, Vice President	
I hereby accep I surther agree performance of agent. Or, if the hereby confirm	f my duties, and I am familiar with an	statutes relative to the proper and compl ad accept the obligation of my position a reflect a change in the registered office o	s registered
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	r, Asst. Vice President		
,,	Exped or Printed Name		

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