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ddress Tallanassee, FL 32301	222-1092		0027145606
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Verifier Acknowledgme W.P. Verifier



## Florida Department of State, Jim Smith, Secretary of State

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

Flo	ant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, a Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office listered agent, or both, in the State of Florida.	
1a.	he name of the corporation is:WET 'N WILD, INC.	
1b.	Pate of incorporation 2/6/76 Document number 496100	
2. T	e name and address of the current registered agent and office:	
3. TI	name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM	<u>ן</u>
The s of its Such	T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33\$24 reet address of its registered agent and the street address of the business office egistered agent as changed will be identical. Thange was authorized by resolution duly adopted by its board of directors or by per so authorized by the board.	
	Sharon S. Garcia, Secretary  SIGNATURE (Type or printed name and title)  DATE	-
N THAGEN	G BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT BLIGATION OF MY POSITION AS REGISTERED AGENT.	
	C T CORPORATION SYSTEM  SIGNATURE BY: (Registered Agent) D.F. Hicke	·y
Di	rision of Corporations, P.O. Box 6327 Tallahasson, El. 22244	

Filing Fee: \$35.00

(FLA. -2194 - 3/4/92)

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