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| (Req | uestor's Name) | | | |
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| 7 (Adda | ress) | | | |
| (Add | ress) | | | |
| (City/ | State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Name | e) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: May 30, 2014

Order#: 150722-014

Re: KEMPER SPORTS MANAGEMENT, 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: Chelsey Martine c/o Corporation Service Company

2711 Centerville Road, Suite 400 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 CORPORATIONS

| statement of cha | provisions of sections 607.0502, 61 ange is submitted for a corporation or to change its registered office or i | organized under the laws of t | the State of Illinois |
|--|--|---|---|
| 1. The name of | the corporation: KEMPER SPORTS | MANAGEMENT, INC. | |
| 2. The principal | office address: 500 SKOKIE BLVD | ., STE. 444 NORTHBROOK | , IL 60062 |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | ncorporation/qualification: 06/18/2002 Document number: F02000003084 | | |
| | I street address of the current register tment of State: (If resigned, enter re | | ce on file with the |
| | C T CORPORATION SYSTEM | | |
| | 1200 SOUTH PINE ISLAND ROA | D | |
| | PLANTATION | FL 3332 | 24 |
| 6. The name and (if changed): | I street address of the new registered | d agent (if changed) and /or r | egistered office |
| | Corporation Service Company | | AS 201 |
| | 1201 Hays Street | | |
| | P.O. Bo Tallahassee | x NOT acceptable FL 3230 | |
| _ | ess of its registered office and the s be identical. as authorized by resolution duly add the board, or the corporation has bec | | office of its registered agent, |
| | to board, or the corporation has been | Dona Priebe, Vice Pre | |
| l turther agree t performance of agent. Or, if thi hereby confirm | the appointment as registered ages to comply with the provisions of all my duties, and I am familiar with a socument is being filed merely to that the corporation has been noting Service Company | nt and agree to act in this ca I statutes relative to the prop and accept the obligation of o reflect a change in the regi | er and complete my position as registered istered office address. I |
| By: Sum | nature of Registered Agent | 05/30/2014 | late |
| | half of an entity: | - | × |
| Sylvia Queppet | , Assistant Vice President | | |
| Ty | /ped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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