

| (1 | Requestor's Name) | | | | | |
|----------------------|-------------------------|-------------|--|--|--|--|
| | Address) | | | | | |
| | | | | | | |
| (, | Address) | | | | | |
| | City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| | | | | | | |
| (| Business Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of | Status | | | | |
| Special Instructions | to Filing Officer: | | | | | |
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SECRETARISEE FLORIDA

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MAR 15 2016 I ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 8, 2016

Order#: 035194-005

Re: FLYWHEEL SPORTS, 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: Janis M. Smith 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 nge is submitted for a corporat r to change its registered office | ion organized under t | he la | ws of the i | State of [| DE | this |
|--|--|---|------------------|-------------------------|--|--------------------------------|-----------------|
| I. The name of t | he corporation: FLYWHEEL SI | PORTS, INC. | | | | | |
| 2. The principal | office address: 53 West 23rd S | t., 9th Floor, New Yo | rk, N | Y 10011 | ··· | | |
| 3. The mailing a | ddress (if different): | | | | | | |
| 4. Date of incorp | oration/qualification: 01/18/20 | Docu | ment | number: | F110000 | 00250 | |
| | street address of the current re tment of State: (If resigned, en | | gistero | ed office (| on file wi | ith the | |
| | Bainer, Christine | | | | | | |
| • | 2200 Glades Road, Suite 401 | | | | | | |
| | Boça | | FL | 33431 | | | |
| 6. The name and (if changed): | street address of the new regis | | ed) an | d /or regi | Stered off | 2016 MAR | |
| | 1201 Hays Street | | | | 723 77 | 0 | П П |
| | | O. Box NOT acceptable | | | 1226 | <u>*</u> | Ö |
| | Tallahassee | ··· | FL | 32301 | | ယ | |
| The street addre | ss of its registered office and the identical. | the street address of t | he bu | siness of | fice of its | s registe | red agent, |
| Such change wa authorized by th | s authorized by resolution dul e board, or the corporation ha | y adopted by its board s been notified in wri | d of c | lirectors of the cha | or by an o | officer s | 0 |
| Ginis (| Inderson | Craig And | ersor | ı, CFO | | | |
| • | e of an officer or director | | | ed or typed n | | | |
| performance of the agent. Or, if this hereby confirm t | the appointment as registered o comply with the provisions only duties, and I am familiar was document is being filed mere that the corporation has been a Service Company | rith and accept the ob elv to reflect a change | Nigal e in ti | ion oj my he registe | city. and com position red office | plete : as regi e addre: | stered ss, I |
| By: Lina | 7 - V h | 02 | 2/25 | /2016 | | | |
| | nuture of Registered Agent | | _ | Date | | | |
| If signing on bel | nalf of an entity: | | | | | | |
| Grace E. Kirby, | Assistant Vice President | | | | | | |
| Ту | ped or Printed Name | | | | | | |

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)