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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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GREIANY GIVE GYE

REGISTERED AGENT CHANGE ELAN ARTISTS LTD. CORPORATION

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By:

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

| | | .0502, 607,1508, or 617,1508. Florida Statute rganized under the laws of the State of Maryla | |
|---|---|--|---------------|
| in orde | r to change its registered office or re | gistered agent, or both, in the State of Florida | 7. |
| 1. The name of t | he corporation: ELAN ARTISTS LT | D, CORPORATION | |
| 2. The principal | office address: 18 WEST 27TH STRE | EET, 8TH FLOOR, NEW YORK, NY 10001 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 01/21/2019 | Document number: F19000000632 | , |
| 5. The name and | | ed agent and registered office on file with the | |
| | UNITED CORPORATE SERVICES, | INC. | |
| | 3458 LAKESHORE DRIVE | | |
| | TALLAHASSEE, FL 32312 | | 70/2 F |
| 6. The name and street address of the new registered agent (if changed) and /or registered office [- (ifchanged): | | 10/2 FEB 22 | |
| | C T Corporation System | | 7. |
| | 1200 South Pine Island Road | | .g. 2 |
| | Plantation, Florida 33324 | D. Box NOT acceptable | N |
| The street addre | ess of its registered office and the st be identical. | reet address of the business office of its regi- | stered agent, |
| Such change wa authorized by the | is authorized by resolution duly additionally additional to the corporation has been | opted by its board of directors or by an office in notified in writing of the change. | er so |
| Zach | ary Klarberg | Zachary Klarberg, CFO | |
| I hereby accept I further agree to of my duties, an document is bei | the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this cha | statutes relative to the proper and complete obligation of my position as registered ager in the registered office address, I herchy con | u. Or if this |
| Sign | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Rachel O'Connor | , Assistant Secretary | | |
| T | ped or Printed Name | ` FFF. \$22.00 * * * | |