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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

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## REGISTERED AGENT CHANGE SHERWOOD FOREST LICENSING CORP.

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CT CORPORATION

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## **COVER LETTER**

TO: Ame Divi	endment Section sion of Corporations	
SUBJECT:	SHERWOOD FOREST LICENSING CORP.	
oranici,	Name of Cor	poration
DOCUMEN	F98000002467	
The enclosed	1 Statement of Change of Registered Office/	Agent and fee are submitted for filing.
	all correspondence concerning this matter t	•
	Name of Contr	of Person
	Firm/Com	pany
	Addres	88
	-	
	City/State and	Zin Code
	City/State and	ant code
	E-mail address: (to be used for futt	re annual report notification)
•		
For further in	formation concerning this matter, please call	<b>:</b>
<del></del>	Name of Contact Person	at ( ) Area Code & Daytime Telephone Number
		• •
Enclosed is a	\$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amenoment Section Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

FLOOD - 10/25/2012 Wolfers Klawer Cultus

CR2E045 (03/12)

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

	•	istered agent, or both, in the State of Florida.	
1. The name of	the corporation. SHERWOOD FOREST	LICENSING CORP.	
2. The principa	d office address: TWO N. RIVERSIDE P	LAZA, SUITE 800, CHICAGO, IL 60606	
3. The mailing	address (if different): TWO N. RIVERSI	DE PLAZA, SUITE 800, CHICAGO, IL 60606	
4. Date of incom	poration/qualification: 04/30/1998	Document number: F98000002467	
	d street address of the current registered atment of State: (If resigned, enter resigned,	d agent and registered office on file with the pred)	
	CORPORATION SERVICE COMPANY	Y	
	1201 HAYS STREET		
•	TALLAHASSEE, FL 32301		
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	12 层
	C T Corporation System	TAS	(⇔)  }}
	c/o C T Corporation System, 1200 South	Pine Island Road	b f
	P.O. Box NC	OT acceptable 77	<u>سن</u> 2
	Plantation, Florida 33324	ORA OR	5
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its regulated again	) 1
Such change wa authorized by th	is authorized by resolution duly adopte terpoard, or the corporation has been no	ed by its board of directors or by an officer so otified in writing of the change.	
Show	li belos	Sharlin Aldao, Vice President	
	o of an officer of director	Printed of typed name and fille	
[hereby accept further agree to performance of agent. Or, if this hereby confirm i	the appointment as registered agent and comply with the provisions of all statemy duties, and I am familiar with and is adocument is being filed merely to refulate the corporation has been notified to	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.	
BV: K-WXE	And the state of t	12/20/2012	
Sign	sture of Registered Agent	Date	
f signing on bel	nalf of an entity:	***	
Kristin Bolden, A			
Ty	ped or Printed Name		
	* * * PILING FE	· —· • · ·	
	MAKE CHECKS DAVABLE TO FLO	IRIDA DEPARTMENT OF STATE	

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