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AUG 1 4 2015

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CSC - WILMINGTON
Suite 400
2711 Centerville Road 4
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 11, 2015

Order#: 723634/001

Re: EVENT MANAGEMENT INTERNATIONAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: EVENT MANAGE	EMEN	T INTERNAT	TIONAL, LLC		
2.	(a)	100 PGA TOUR BLVD.	(i	b)			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of li (Note: MAY BE	imited li	ability company:
		PONTE VEDRA BEACH, FL 32082	_		44131		
		04/20/2001		L0100000	06138		
3.		Date of filing/registration in Florida	4.		Document num	ber	·
5.	(a)	BROWN, LEONARD D., JR.					
•	()	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	- e:		
		100 PGA TOUR BLVD.					
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRES.	<u>S)</u>	-		
		PONTE VEDRA BEACH , FL_	3208	2	- <u>統</u> の	2015	
	(b)	Corporation Service Company			28	NG NG	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office ac	ldress:	ASSE	9	
		1201 Hays Street			<u></u> 9	υ	
		NEW Registered Office Address:			ARY OF STATE	D 12: 48	 ,
				· ••••	. >	,—	
		Tallahassee , FL	32301	1	-		
the age was	cha nt v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi pility co the lin	istered office ompany, it is nited liability	e and the busines s hereby confirm y company or as	s offic led that	e of the registered t the change(s)
126			Do	Dona Priebe, Authorized Person			
Signature of a member or authorized representative of a member			Printed or typed name of signee				
pro the to i	visi obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change	e to ac erform for in creby c	t in this cape nance of my d Chapter 605 confirm that i	acity. I further a duties, and I am . F.S. Or, if this the limited liabil	igree to familio docum ity con	o comply with the or with and accept nent is being filed npany has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President