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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations STADIUM PROPERTY RENTALS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel E. Manausa Name of Person Manausa Shaw & MInacci Firm/Company 1701 Hermitage Blvd, Suite 100 Address Tallahassee, FL 32308 City/State and Zip Code danny@manausalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katic Rac 850 597-7616 at (Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: **1** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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.

Na	me of the limited liability company: STADIUM PRO	PERTY RENT.	ALS, LLC
(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/19/2007	1.070	000116253
	Date of filing/registration in Florida	4.	Document number
(a)	Daniel E. Manausa	٦.	Document number
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1309 Jackson Bluff Rd.	ADDRESS)	
	Tallahassee , FI	32304	 ∵ ≥
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	:, ω ()
	NEW Registered Office Address:	<u> </u>	AHIII: 54
	1701 Hermitage Blvd, Suite 100		, L
	Tallahassee, FL	32308	
ige it w /we:	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	registered off ability compar of the limited l limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
y) nan	are of a member or authorized representative of a member	Daniel E.	
ereb visio obli iere	y accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	ee to act in th performance of I for in Chapt pereby confirn	Printed or typed name of signee is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file n that the limited liability company has been

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

Signature of Registered Agent

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	STADIUM PROPERTY RENTALS	T: STADIUM PROPERTY RENTALS, LLC Name of Limited Liability Company					
301301							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fe	c(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	llowing:				
Daniel	E. Manausa						
	Name of Person		-				
Manaus	sa Shaw & MInacci						
	Firm/Company		-				
1701 H	ermitage Blvd. Suite 100						
	Address		-				
Tallaha	issee, FL 32308						
	City/State and Zip Code		-				
danny@	gmanausalaw.com						
Е	-mail address: (to be used for future anr	nual report notifica	ition)				
For fur	ther information concerning this matter,	, please call:					
Katie R	tae	850 at (597-7616				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	amount:					
■ \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy				

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2. (a)		(b)	a. 180 (10 a)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	11/19/2007	L	07000116253			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	Daniel E. Manausa					
J. (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET) 1309 Jackson Bluff Rd.	ADDRESS)				
	Tallahassee, FI	L 32304				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	NEW Registered Office Address:					
	1701 Hermitage Blvd, Suite 100					
	Tallahassee, Fi	L				
chang agent was/w	limited liability company is not organized under the lace or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered ability com- of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in			
		Daniel	E. Manausa			
Sign	attne of a member or authorized representative of a member		Printed or typed name of signee			
provis the ob to mer	eby accept the appointment as registered agent and aggions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I dig my finite change in the registered office address. I	ree to act in performant of for in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been			

Signature of Registered Agent