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Division of Corporations

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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number: 076424003301

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: (813)227-0435

09-1686/MC

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LLC REGISTERED AGENT CHANGE THE WOMEN'S HALF MARATHON, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:T	ne Women's Half Marathon, LLC
2. (a) Principal office address of limited liability comp	pany;
(Note: MUST BE STREET ADDRESS)	1499 Beach Drive SE, Suite B St. Petersburg, FL 33701
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1499 Beach Drive SE, Suite B St. Petersburg, FL 33701
3/3/09	L09000020886
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	Nelson T. Castellano
Registered Office Address:	101 E. Kennedy Boulevard
	Suite 2700 Tampa, Florida 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	TK Registered Office address: TK Registered Agent, Inc.
NEW Registered Office Address:	101 E. Kennedy Boulevard Suite 2700
(MUST BE FLORIDA STREET ADDRESS)	Tampa, Florida 33602 FL33602
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative voter of the annulates of the limited liability company or as otherwise provided in the articles of organization or the operation for the limited liability company.	
•	
Matt Dieter, Manager Printed or typed name of signer	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this accument is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further tigree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signifure of Countried Agent	COOK (D. N.)

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