Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

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

Email Address:	
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LLC REGISTERED AGENT CHANGE CHALLENGE ENTERTAINMENT FLORIDA, LLC

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A. LUNT

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Corporate Filing Menu

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FILED STATE SECRETARY OF STATE STATE

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Challenge Entertainment Florida, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Mary Castillo							
Name of Person							
Registered Agent Solutions, Inc.							
Firm/Company							
1701 Directors Blvd, Suite 300							
Address							
A							
Austin, TX 78744 City/State and Zip Code							
Chy/state and hip code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Mary Castillo							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section Division of Corporations Division of Corporations							
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
□ \$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.

Florida	Challanna I	Cotor	tainmar	at Florida II.C		
1. Na	me of the minted nations, company.	Enter	wininer	nt Florida, LLC		.10
2. (a)	6800 POPLAR AVENUE, SUITE 210	(b)	6800 P	OPLAR AVE SU	IIE	210
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	GERMANTOWN, TN 38138		GERM	ANTOWN, TN 3		
	<u>GERMANI OWN, IN GOOD</u>	-		· · · · · · · · · · · · · · · · · · ·		
		_				
	7/8/2010	_	L10000	072441		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Harris, Rachel					
J. (u)	Registered Agent and Registered Office shown on the records of th	ie Florida	Dept. of State	:		
	54 Hewitt Point Road					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		~	=
					221	71SI 713c
	Santa Rosa Beach FL	3245	9		5	BX 80년~
	Deviate and Agent Colutions Inc				-9	F CC
(b)	Registered Agent Solutions, Inc.	Office ad	dross:	-	*	유유O
	Enter name of NEW Registered Agent and/or NEW Registered	OTHER AM	ALC13		AM IO:	S [A]
	155 Office Plaza Dr.			_	17	ĝ. E
	NEW Registered Office Address:	_				
	Suite A			_		
	Tallahassee _{FI}	3230	1			
				_		
the ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liz- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability of of the lin	ompany, it i nited liabilit	s hereby confirmed that to y company or as otherwi	the chan	ge(s)
	Britt Mock		itt Mock	Memb		
Sign	ature of a member or authorized representative of a member	-		Printed or typed name of sig		with the
provi the ob- to me	eby accept the appointment as registered agent and agissions of all statutes relative to the proper and complete obligations of my position as registered agent as provide refy reflect a change in the registered office address, I sed in writing of this change. Mackenzie Han, Asst. Secretary	ee to ac perforn d for in hereby c	et in this cap nance of my Chapter 60 confirm that	oacity. I further agree to duties, and I am Jamilia 5, F.S. Or, if this docume the limited liability com	comply with an ent is be pany has	with the id accept ing filed s been
Signa	ture of Registered Agent					