Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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

Email Address:_

LLC REGISTERED AGENT CHANGE CHALLENGE ENTERTAINMENT MIAMI LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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COVER LETTER

Registration Section TO:

Division of Corporations

15129570210

Challenge Entertainment Miami, 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 | s matter to the n | Showing. | | | |
|--|---|--------------------------------------|--|--|--|
| Mary Castillo | | | | | |
| Name of Person | | | | | |
| Registered Agent Solutions, Inc. | | | | | |
| Firm/Company | | | | | |
| 1701 Directors Blvd, Suite 300 | | | | | |
| Address | | _ | | | |
| Austin, TX 78744 | | | | | |
| City/State and Zip Code | | | | | |
| E-mail address: (to be used for future ann For further information concerning this matter, Mary Castillo | please call: | 705-7274 | | | |
| Name of Person | at (| Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | |
| INHS18 (2/14) | | | | | |

15129570210

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 | | . | 4-1 | A Min mi II C |
|--------------------------|---|---|--|--|
| 1. Na | me of the limited liability company: Challenge t | : nter | tainmer | nt Miami, LLC |
| | 6800 POPLAR AVENUE, SUITE 210 | (b) | 6800 P | OPLAR AVE SUITE 210 |
| 2. (a) | Principal office address of limited liability company: | . (-/ | M | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | | ANTOWN, TN 38138 |
| | GERMANTOWN, TN 38138 | - | GERMA | ANTOWN, IN JOIJO |
| | | - | | |
| | 3/27/2012 | _ | L12000 | |
| 3. | Date of filing/registration in Florida | 4. | 1 | Document number |
| 5 (0) | Harris, Rachel | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of th | e Florida | Dept. of State: | : |
| | 54 Hewett Point Road | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | |
| | | | | % → |
| | Santa Rosa Beach , FL | 3245 | 9 | FILE SIL AUG-9 |
| | | | | FILED |
| (b) | Registered Agent Solutions, Inc. | | | • |
| | Enter name of NEW Registered Agent and/or NEW Registered | Dilice ad | <u>.oress</u> : | |
| | 155 Office Plaza Dr. | | | ୍ର କ୍ର ପ୍ରାଦ୍ଧ ଓ ଆଧାର ଓ |
| | NEW Registered Office Address: | | | . کیا -برد |
| | Suite A | . <u> </u> | | - |
| | Tailahassee _{FL} | 3230 |)1 | |
| | | | | - Constitute Ann |
| 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 lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regi ability of the lin | onipany, it is mited liabilit | s hereby confirmed that the change(s) y company or as otherwise provided in |
| | Britt Mock | Br | ritt Mock | Member |
| Sign | ature of a member or authorized representative of a member | | | Printed or typed name of signee |
| I her provi the ol | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change. | ee to ac perforn d for in hereby | et in this cap nance of my Chapter 60: confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| Signa | Mackenzie Hart, Asst. Secretary | | | |