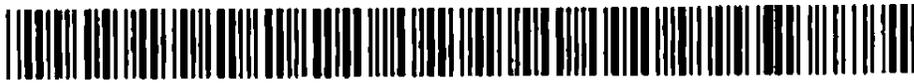


L12000046577

Florida Department of State
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 : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : 120060000021
Phone : (561)833-9300
Fax Number : (561)655-5551

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TALLAHASSEE, FLORIDA

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

Email Address: Dana.Walkup@Saul.com

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LLC REGISTERED AGENT CHANGE
S&J CRAZY LIZARDS ENTERTAINMENT, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$25.00).

T. CLINE
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&J CRAZY LIZARDS ENTERTAINMENT, 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:

Antoinette Theodossakos
Name of Person

Saul Ewing Arnstein & Lehr, LLP
Firm/Company

515 North Flagler Drive, Suite 1400
Address

West Palm Beach, Florida 33401
City/State and Zip Code

antoinette.theodossakos@saul.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Antoinette Theodossakos at (561) 833-9800
Name of Person 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

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. Name of the limited liability company: S&J CRAZY LIZARDS ENTERTAINMENT, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>1000 North Congress Avenue</u>	<u>1000 North Congress Avenue</u>
<u>West Palm Beach, FL 33409</u>	<u>West Palm Beach, FL 33409</u>

3. <u>04/04/2012</u>	4. <u>L12000046577</u>
Date of filing/registration in Florida	Document number

5. (a) Scott Lizza
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1000 Congress Avenue
West Palm Beach, FL 33409

(b) Antoinette Theodossakos
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
Saul Ewing Amstein & Lehr, LLP
NEW Registered Office Address:
515 North Flagler Drive, Suite 1400
West Palm Beach, FL 33401

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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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member

Scott Lizza
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent