14000151600									
(Requestor's Name) (Address) (Address)	700298220987								
(City/State/Zip/Phone #)									
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	04/28/1701002015 ★★25.00								
Special Instructions to Filing Officer:	NAY 0 1 2017 S. YOUNG								
Office Use Only									

Carmody MacDonald

Mariquita L. Barbieri mlb@carmodymacdonald.com Direct Dial: (314) 854-8624 Carmody MacDonald P.C. 120 S. Central Avenue, Suite 1800 St. Louis, Missouri 63105-1705 314-854-8600 Fax 314-854-8660 www.carmodymacdonald.com

APR 28

PM II:

April 24, 2017

State of Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: True North Sports Consulting LLC Statement of Change of Registered Office and Registered Agent

Dear Sir or Madam:

Enclosed please find: (i) Statement of Change of Registered Office and Registered Agent form for True North Sports Consulting LLC; and (ii) check number 44992 in the amount of \$25, which represents the filing fee.

If you have any questions or if you require any other information, please do not hesitate to contact me.

Sincerely yours,

CARMODY MacDONALD P.C.

Mariquita L. Barbieri

MLB/lmw Enclosures

{14535/00000/2007709.DOCX.}

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.

True North Sports Consulting LLC 1. Name of the limited liability company:

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	·	Mailing address of limited liab (Note: MAY BE POST OF		
	2001 NW 27th Dr.					
	Gainesville, FL 32605					
	September 29, 2014	ι	_140001	51600		
	Date of filing/registration in Florida	4.		Document number		
(a)						
	Registered Agent and Registered Office shown on the records of the Celia M. Slater	ne Florida I	Dept, of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET A 2001 NW 27th Dr.	DDRESS)				
	Gainesville, FL	32605		~		
(1.)						ALSE
(b) .	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	~	T AF	24
	NATIONAL CORPORATE RESEARCH, LTD., INC.				apr 28	HVSS
	NEW Registered Office Address:			6 00	무	iπí T
	115 North Calhoun Street, Suite 4			_	PH 11: 38	-10F
	Tallahassee, FL,	32301			38 38	vüli
char nt w /wer	nited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	the regist bility con f the limi	tered offic mpany, it ted liabili	te and the business office is hereby confirmed that ty company or as otherw	of the regis	tered

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

TPose Manue Cale Signature of Registered Agent Rose Marie Cole

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