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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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 FOR EONS ENTERTAINMENT, LLC

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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 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.

| i. Na | nme of the limited liability company: For Eons | Ente | rtainm | ent, LLC | | |
|--|---|--|--|---|--|--|
| 2. (a) | 13750 W COLONIAL DR #312 | (h | (b) 13750 W COLONIAL DR #312 | | | |
| Σ. (α) | Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS) | | | failing address of limited li (Note: MAY BE POST C | ability company: | |
| | SUITE 350 | _ | SUITE | 350 | | |
| | WINTER GARDEN, FL 34787 | _ | WINTER | GARDEN, FL 347 | 87 | |
| | 07/19/2018 | | _180001 | .74367 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | LEGALINC CORPORATE SERVICES INC. | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : | 202 | |
| | 5237 SUMMERLIN COMMONS | | | <u>:</u> | 2020 11.1.24 | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | SUITE 400 | | | | | |
| | FORT MYERS, | 33907 | | | ======================================= | |
| | | | | • | 10 :6 119 | |
| (b) Megistered Agents inc. | | | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | 7901 4th St N | | | | | |
| | NEW Registered Office Address: | | | | | |
| | STE 300 | | | | | |
| | St. PetersburgFL | 33702 | | | | |
| the cha agent was/w | imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regis ability co of the lim limited l | tered office mpany, it is ited liability | and the business offices hereby confirmed that you company or as others | ce of the registered at the change(s) | |
| Signa | nture of a member or authorized representative of a member | | , <u>.</u> | Printed or typed name of | ignee | |
| provis the ob- to mer notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change. Bill Havre - Assistan or of Registered Agent | performa d for in C hereby co | ince of my i hapter 605 infirm that | acity. I further agree i duties, and I am famili , F.S. Or, if this docu the limited liability con | o comply with the ar with and accept ment is being filed mpany has been | |