6/2/2021



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE AEG HOLDCO LLC

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To: 18506176383 Page: 3 of 3 2021-06-02 14:39:25 CST 16144554862 From: James Tanks III

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

| 2. (a) | Principal office address of finited liability company: Mailing address of finited liability company: | | | | |
|------------------------------|---|---------------------------------------|--|---|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | λ | uling address of limited liability company: (Note: MAYBE POST OFFICE BOX) | |
| | 3720 DaVinci Court, Suite 200 | | 3720 DaVinci Court, Suite 200 | | |
| | Norcross, GA 30092 | Norcioss, C | | GA 30092 | |
| | 03/67/2019 | | E190000651 | 02 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | UNITED STATE CORPORATIONS AGENTS, INC | | | | |
| (b) | Registered Agent and Registered Office shown on the records of | the Florid | a Dept of State | : | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | 13302 WINDING OAK COURT | | | | |
| | TAMPA , FI | 33612 | 2821. | | 2021 . |
| | C.T. Corporation System | | | | AFASS AFAS AFAS AFASS AFASS AFASS AFASS AFASS AFASS AFASS AFASS AFASS AF |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | 2021 JUN -2 AM | |
| | NEW Registered Office Address | | | | 5: 1:8 5: 1:8 |
| | 1200 South Pine Island Road | | | | Σ |
| | Plantation, FI | 33324 | | | |
| the cha agent v was/wi | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the regi ability c of the fir | stered office outpany, it is nited liability | and the business of hereby confirmed to company or as other | fice of the registered hat the change(s) |
| 11 | atalia Robinatto. | | alic Robinette | | |
| Signa | 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.

CT/Corporation System

By: My My Lisa DuBois, Assistant Sucretary

Signature of Registered Agent