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To:

Division of Corporations

Fax Number : (850)617-6383

From:

\_\_  $\ddot{\sim}$ 

\_\_ 10 Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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 **FULL SEND 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.

| 1. N                                     | ame of the limited liability company: FUL   | L SEND ENTE  | RTAINMEN  | T LL(                                     | )  |                 |
|--|---|--|---|---|--|-----------------|
| 2. (a)                                   |   | (b)  |   |   |  |                 |
|  | Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)  | ipany:   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)                                |   |  |                 |
|  | 01/05/22  | 1 220  | 00010571  |   | 1,   |                 |
| 3.                                       | Date of filing/registration in Florida  | <del></del>  | 00013571  | ··········                                |  |                 |
| -1-                                      | ~ ~   | 4.   | Document number   |   |  |                 |
| 5. (a)                                   |   |  |   |   |  |                 |
|  | Registered Agent and Registered Office shown on the r   | ecords of the Florida Dept. of St  | ate:  |   |  |                 |
|  | 5575 S. SEMORAN BLVD.   | STORY AND ADDRESS.   | _   |   |  |                 |
|  | Registered Office Address (MUST BE FLORIDA 5  | STREET ADDRESS)  |   | • .                                       | 202  |                 |
|  |   |  | <u>.</u>  | , .                                       | رس.<br>وسي                                   |                 |
|  | ORLANDO   | <sub>. FL</sub> 32822  |   | : 5-                                      | 2023 JAH -5                                  |                 |
|  | Registered Agents Inc   |  |   | 35  |  | : -             |
| (b)                                      | Enter name of NEW Registered Agent and/or NEW R   | agistored (1975), address  | _   | - E.                                      | 4:<br>D:                                     |                 |
|  |   | egiotereu Onice address.   |   |   | \( \sqrt{\frac{1}{2}} \)                     | •               |
|  | 7901 4th St N   |  |   | •   | <b>1</b>                                     |                 |
|  | NEW Registered Office Address.  |  | _   |   |  |                 |
|  | STE 300   |  |   |   |  |                 |
|  | Ct Date 1   |  | <del></del>   |   |  |                 |
|  | St. Petersburg  | <sub>. FL</sub> 33702  | •   |   |  |                 |
| the cha<br>agent w<br>was/we<br>the arti | mited liability company is not organized unde<br>nge or changes are made, the Florida street ad-<br>cill be identical. Or, in the case of a Florida ling<br>the authorized by an affirmative vote of the me<br>cles of organization or the operating agreemen | dress of the registered offic<br>mited liability company, it<br>mhers of the limited liabili | ce and the business off<br>is hereby confirmed th<br>ity company or as other                                | ice of the                                | registe                                      | red             |
| 17                                       |   | Robin Jon  | es  |   |  |                 |
|  | ure of a member of authorized representative of a member  |  | Printed or typed name of  | ~   |  |                 |
| the obli<br>to mere<br>notified          | by accept the appointment as registered agent<br>ons of all statutes relative to the proper and co-<br>yations of my position as registered agent as f<br>by reflect a change in the registered office add<br>in writing of this change.                      | implete performance of my<br>provided for in Chapter 66<br>fress. I hereby confirm tha       | pacity. I further agree<br>duties, and I am famil<br>5, F.S. Or, if this dock<br>t the limited liability ca | to compliar with<br>unent is a<br>mpany b | ly with t<br>and acc<br>being fil<br>as been | he<br>ept<br>ed |
|  | David Roberts - As  | sistant Secretary  |   |   |  |                 |
| - orgnatur                               | e of Registered Agent   |  |   |   |  |                 |