125531

| (Requestor's Name) | | | | | | |
|---|--------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Add | ress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



200418434082

2024 APR 11 AM 11: 33

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 10196 8401661 | | | | | | | | |
| AUTHORIZATION : | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | |
| ORDER DATE : April 10, 2024 | | | | | | | | |
| ORDER TIME : 10:01 AM | | | | | | | | |
| ORDER NO. : 410196-003 | | | | | | | | |
| CUSTOMER NO: 8401661 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: FALCON'S BEYOND LICENSING, LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Amanda Miller EXT# | | | | | | | | |
| EXAMINER: | | | | | | | | |

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. | Na | me of the limited liability company: FALCON'S BEY | OND LI | ICI | ENSING, L | LLC |
|------------------|--|---|---|-----------------|--|--|
| 2. | (a) | 6996 PIAZZA GRANDE AVENUE, SUITE 301, | | (b) | 6996 PIA | ZZA GRANDE AVENUE, SUITE 301, |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) |
| | | ORLANDO, FL 32835 | _ | | ORLAND | O, FL 32835 |
| | | | _ | | | |
| | | 03/28/2022 | | I | L2200012 | 5531 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. | (a) | | | | | _ |
| | | Registered Agent and Registered Office shown on the records of t YADLEY, GREGORY C | he Florid | la l | Dept. of Stati | 2: |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | 7 20 |
| | 101 E. KENNEDY BLVD., SUITE 2800 | | | | | |
| | | TAMPA .FL | 33602 | | | FILED 2024 APR 11 AM 11: 33 TÄLLÄHÄSSEE FLORIDA |
| | | | | | | Service III |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered | Registered Agent and/or NEW Registered Office address | | AMII: 33 | |
| | | | | | <u></u> . | Ö Ü |
| | | Corporation Service Company | | | | 00 A |
| | | NEW Registered Office Address: | | | | - |
| | | 1201 Hays Street | | | | - |
| | | Tallahassee FL | 32301 | | | _ |
| cha aga wa | ange ent w is/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | register bility co f the lin | ed on nit | office and ipany, it is ed liability | d the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in |
| | | Magpuri | Ce | cil | Magpuri - | authorized manager |
| | - | ure of a member or authorized representative of a member | | | | Printed or typed name of signee |
| pro the to | ovisie obli mere tifiea | ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page is a provided in the registered agent as provided by reflect a change in the registered office address. I have in this change. | perform for in (ereby c | Ch On | ice of mŷ a apter 605, firm that t | acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been |
| Si | | e of Registered Agent GRACE E. KIRBY, ASST. VI | CE PRI | ES | IDENT | |

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 410196-3