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MAR 2 7 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 931895 4346784

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 20, 2009

ORDER TIME : 3:12 PM

ORDER NO. : 931895-079

CUSTOMER NO: 4346784

CHANGE OF AGENT

NAME: POWER PLANT ENTERTAINMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: POWER PLANT E | NTERTAINMENT, LLC |
|--|---|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | : 601 East Pratt Street, 6th Floor Baltimore, MD 21202 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 601 East Pratt Street, 6th Floor Baltimore, MD 21202 |
| 04-10-2002 | M02000000925 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | M0200000925 4. Document number the records of the Florida Dept. of State: CT Corporation System |
| Registered Agent: | C T Corporation System |
| Registered Office Address: | 1200 South Pine Island Road Plantation, FL 33324 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | |
| NEW Registered Agent: | Corporation Service Company |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |
| MODE BE I BORDET BEREES, TOURISM | Tallahassee ,FL 32301 |
| If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) | address of the registered office and the business see of a Florida limited liability company, it is |
| Maureen Cullen, Authorized Person (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proaffing a familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company By: (Signature of Registered Agent) Sylvia Queppet, Assistant VP | |

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