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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3336
Fax Number : (954) 208-0845

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 AMND/RESTATE/CORRECT OR M/MG RESIGN
SEAWORLD PARKS & ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2019 OCT 31 PM 3:35

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7:00 PM

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2019 OCT 31 P 3:35

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SEA WORLD PARKS & ENTERTAINMENT LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)6240 Sea Harbor DriveOrlando, FL 32821

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)6240 Sea Harbor DriveOrlando, FL 32821

2. The Florida document number of this limited liability company is:
- M09000004659

3. Jurisdiction of its organization:
- Delaware

4. Date authorized to do business in Florida:
- 11/30/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
-
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____New Registered Office Address: _____Enter Florida Street Address_____, Florida _____
City Zip CodeNew Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

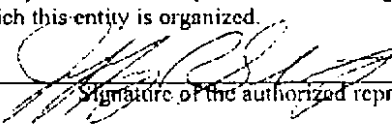
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

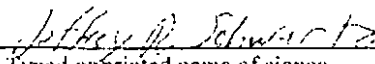
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Remove Title Assistant Treasurer, Lopez, Daniel 9205 SOUTHPARK CENTER LOOP SUITE 400 ORLANDO, FL 32819; Update Title Assistant Secretary, Schwartz, Jeffrey, 6240 Sea Harbor Drive, Orlando, FL 32821

Title/Capacity	Name	Address	Type of Action
MGR	SEAWORLD PARKS & ENTERTAINMENT, INC	6240 Sea Harbor Drive, Orlando, FL 32821	<input checked="" type="checkbox"/> Add
		9205 SOUTHPARK CENTER LOOP SUITE 400 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
AMBR	Reilly, John T.		<input type="checkbox"/> Add
		Interim CEO and Chief Parks Operations Officer, Reilly, John T., 9205 SOUTHPARK CENTER LOOP, STE 400 SUITE 400 Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
AMBR	SWANSON, MARC G.	Interim Chief Executive Officer 6240 Sea Harbor Drive, Orlando, FL 32821	<input checked="" type="checkbox"/> Add
		Chief Financial Officer and Treasurer 9205 SOUTHPARK CENTER LOOP SUITE 400 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
AMBR	Gulacsy, Elizabeth	Interim Chief Financial Officer, Chief Accounting Officer, and Treasurer 6240 Sea Harbor Drive, Orlando, FL 32821	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	HERMAN, HAROLD J.	6240 Sea Harbor Drive, Orlando, FL 32821	<input checked="" type="checkbox"/> Add
		9205 SOUTHPARK CENTER LOOP, STE 400 SUITE 400 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative


Typed or printed name of signee

Filing Fee: \$25.00