M1000000 5604

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



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ALL MASSEL

17 BEC 12 AM 7:



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Szymanski dana.szymanski@cscglobal.com

Date: December 8, 2017

Order#: 943299-005

Re: BELLATOR SPORT WORLDWIDE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Dana Szymanski c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 | lame of the limited liabilit | y company: BELLATOR SI | PORT WO | RLDWIDE | LLC | | | |
|-----------------|---|---|-------------------------------|---|---|---|---------------------------|--|
| 2. (a) | | ! | (b) | | | | | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 1575 GOWER STREET SUITE 6245 | | | 1575 GOWER STREET SUITE 6245 | | | | |
| | LOS ANGELES CA 90028 | | | LOS ANGELES CA 90028 | | | | |
| | EGG ANGELES | CA 90020 | | LUS AN | 3ELES CA 90028 | | | |
| | 12/17/2010 | | | M100000 | 005604 | | | |
| 3. | Date of filing/r | egistration in Florida | 4. | | Document number | | | |
| 5. (a | BUSINESS FILINGS | INCORPORATED | | | | | | |
| J. (L | | red Office shown on the records of | f the Florida I | Dept. of State | • c: | | | |
| | | | | | | | | |
| | Registered Office Address | MUST BE FLORIDA STREET | ADDRESS) | | - | | | |
| | 1200 SOUTH PINE IS | } AND BOAD | | | | | | |
| | 1200 000 1111 1112 10 | JEAN TOAD | | | | | | |
| | PLANTATION | , Fl | L <u>33324</u> | | - 높 | | | |
| | | | | | 75 50 15 | 112 | ;· | |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | . Si | ₹ 10 - 33= | <i>‡</i> | |
| | Brief Haire of TVE VV REEISTE | Registered | u Onice addi | <u>(633</u> . | , <u></u> | | 9 1 21 | |
| | 1201 Hays Street | | | | , OR | <u>ं</u> ;; • धः | • | |
| | | W Registered Office Address: | | | | EC 12 AM 7: 32 ELIANY OF STATE HASSEELFLORIDA | | |
| | | | | | • | | | |
| | | | | | | | | |
| | Tallahassee | | 20004 | | | | | |
| | Talianassee | <u> </u> | <u> 32301</u> | | | | | |
| If the | limited liability company | is not organized under the la | ws of the S | State of Flo | orida, it is hereby con | firmed t | hat after | |
| the ch agent | ange or changes are made will be identical. Or, in th | , the Florida street address one case of a Florida limited li | t the regist- iability con | ered office npany, it is | : and the business off s hereby confirmed th | ice of th | ie registered hange(s) | |
| was/w | ere authorized by an affin | mative vote of the members | of the limit | ed liability | v company or as other | rwise pr | ovided in | |
| | | le operating agreement of the | | _ | | | | |
| | / Jill Teich ature of a member or authorized | representative of a member | Jill Te | eich, Autho | prized Person Printed or typed name of | Ceionne | | |
| _ | | as registered agent and ag | ree to act i | n this can | • • | - | nlu with the | |
| provis | ions of all statutes relative | e to the proper and complete | performai | nce of my a | duties, and I am fami | liar with | and accept | |
| io mer | rely reflect a change in the | e'to the proper and complete s registered agent as provide registered office address, I | hereby cor | iapier 003. ifirm that t | the limited liability co | ament is ompany | has been | |
| | id in writing of this change trace C-Kvb1. | | | | | | | |
| - | | oration Service Company | BY: Gra | ace E, Kirl | by, Asst. Vice Pres | ident | | |

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