



## 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.

Tough Mudder LLC 1. Name of the limited liability company: \_

2. (a) Principal office address of limited liability company:

## (Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

## (Note: MAY BE POST OFFICE BOX)

10/18/2011

3. Date of filing/registration in Florida

55 Washington St., Suite 329

Brooklyn, New York 11201

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Brooklyn, New York 11201

M11000005223

Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

	Registered Agent:	UNITED STATES CORPORAT 13302 WINDING OAKS COUR			NC.
	Registered Office Address:	TAMPA, FL, 33612		~	
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			SSE	ė	1
(b)	Enter name of <b><u>NEW Registered Agent</u></b> and/or <u>NE</u>	W Registered Office address:	ت رز		
	NEW Registered Agent:	C T Corporation System	<u>F<sup>1</sup></u>		
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NN NN	100- 10-	
		1200 South Pine Island Road,	_ <u></u>	80 J	
		Plantation	FL33324	·····	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Printed or typed name of signee

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 608, 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.

Sighande of Registered Agent - Mark Williams, AVP, C T Corporation System Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

INHS18 (05/08)