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| (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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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

ami.casper@cscglobal.com From: Ami Casper

Date: May 23, 2016

Order#: 139578-094

ONEBEACON SPORTS AND LEISURE, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25 .

Please take the following action:

File in your office on a routine basis. XX

Issue Proof of Filing. XX

Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Return envelope is also enclosed for your convenience. No XX

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

QUCA.XCOA

STĄTEMENT 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: ONEBEACON SPORTS AND LEISURE, LLC | | | | | | |
|----------------------------------|---|---|---|---|---|------------------------------------|----------------------------------|-----------------------------------|
| 2. | (a) | 150 ROYALL STREET | (b |) | | | | |
| - | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0 | Mailing address of limited liability compared (Note: MAY BE POST OFFICE BO | | | | |
| | | CANTON, MA 02021 | - - | | | | | |
| | | 03/08/2012 | | M1200000 | 01354 | | | |
| 3. | | Date of filing/registration in Florida | 4. | <u> </u> | Document nur | mber | | |
| 5. | (a) | PARACORP INCORPORATED | | | | | | |
| | ` , | Registered Agent and Registered Office shown on the records of th | e Florida | Dept. of State | :: | | | |
| | | 155 OFFICE PLAZA DRIVE | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | | | | |
| | | 1ST FLOOR | | | | | | |
| | | TALLAHASSEE , FL_ | 32301 | | | | | |
| | (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C | Registered Office address: | | | SECRETARY FALLAHASSE | 2016 HAY 25 | |
| | | 1201 Hays Street NEW Registered Office Address: | | | - E. FLORID | OF STATE E. FLORIDA | ט ו | 8 |
| | | Tallahassee , FL | 32301 | | | - | | |
| the agg was the I. protection no | e cha ent v as/we e arti Signal herei ovisi e obl merei tified | imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cler of organization or the operating agreement of the liability of a number of authorized representative of a member on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper in the registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | he regis bility co the lim imited l Jill (| stered office ompany, it is ited liability iability com Cilmi, Author | e and the busing the hereby confing company or a supany. Trized Person Printed or typed pocity. I further | ness offi rmed that as other | ce of that the criminal resignee | he registered hange(s) rovided in |
| Si | gnatu | re of Registered Agent Corporation Service Company | BY: G | race E. Kir | by, Asst. Vic | e Presi | dent | |

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