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(Re	equestor's Name)	
(Ad	dress)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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(50	ourners rumber,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FEBOA 2016 J. HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: February 1, 2016

Order#: 968651-030

Re: ROCKBRIDGE SPORTS, MEDIA AND ENTERTAINMENT, 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: April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

OUCA.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.	Na	me of the limited liability company: _ROCKBRIDGE	E SPORT	S, MEDIA	AND ENTERTAINME	NT, LLC		<u> </u>
2.	(a)	1495 Old Ballard Road	(1	o)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	-		r:
		Charlottesville, VA 22901						
		07/25/2014		M140000	05298			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Capitol Corporate Services, Inc.						
	()	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Stat	e:			
		155 Office Plaza Dr. Ste A						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u> </u>	_			
		Tallahassee , FI	L <u>3230</u>	1	-			
(b	(b)				-	Σ_{ϕ}	2516	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:			-17	fatts ve
		1201 Hays Street			_	#X8	E8 -3	Grane Grane S
		NEW Registered Office Address:				#45-5 1733		8 - सम्बद्धाः हुन्
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		Tallahassee , Fi	L_ 32301		_	>	2	
thagwith — I prhono —	e cha ent v as/we e arti Signat herei ovisi e obl mere otified	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited librare authorized by an affirmative vote of the members cles of organization or the operating agreement of the library of a member or authorized representative of a member oby accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide all inverting of this change. The of Registered Agent Corporation Service Company	f the reginability confidence of the limited imited imited impression acres for incharged for inchar	stered office ompany, it is noted liability con the second of the second	e and the business of s hereby confirmed to see the property of as oth mpany. Tanz Authorized Name of the confirmed or typed name of the confirmed of the limited liability of the limited liability of the see the confirmed of the limited liability of the l	ffice of the shat the cherwise pro- morized I of signee to compatition with cument is company.	e regis nange(ovided Person	stered s) I in
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