## M15000002099

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
, , ,						
(Document Number)						
_						
Special Instructions to Filing Officer:						

Office Use Only



600296674526

03/24/17--01013--019 \*\*25.00

De de la companya de

MAR 2 7 2017

Y SULKER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 22, 2017

Order#: 561592-050

Re: VARSITY SPIRIT 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: Ami Casper

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.

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. Na	ame of the limited liability of	ompany: VARSITY SPIF	RIT LLC		
2. (a)	6745 LENOX CENTER CT, STE. 300 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	_	ss of limited liability company:  Y BE POST OFFICE BOX)
	MEMPHIS	TN 38115			
	03/19/2015		M1	5000002099	
3.	Date of filing/regi	stration in Florida	4.	Document	number
5. (a)	C T CORPORATION S	YSTEM			
5. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 SOUTH PINE ISLA	ND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION		33324		
(b)	Corporation Service Com	pany			2 3
	Enter name of NEW Registered	Agent and/or NEW Registered	l Office address:		7 MAR
	1201 Hays Street				Nose P
	NEW Registered Office Address	s:			
	Tollahasses	P	22204		FLORIDA
	Tallahassee	, FI	32301		
the cha agent v was/wa	imited liability company is a tange or changes are made, the will be identical. Or, in the sere authorized by an affirmaticles of organization or the company of the compan	ne Florida street address of case of a Florida limited li tive vote of the members	f the registered ability compa of the limited climited liabil	d office and the bu ny, it is hereby cor liability company (	siness office of the registered nfirmed that the change(s) or as otherwise provided in
Signa	ture of a member or authorized re	presentative of a member	Jiii Oliitii,		ped name of signce
provisi the obi to mer notifie	by accept the appointment a ions of all statutes relative to ligations of my position as relety reflect a change in the red d in writing of this change.	o the proper and complete egistered agent as provide egistered office address, I	performance ed for in Chap hereby confir	his capacity. I furt of my duties, and ter 605, F.S. Or, i m that the limited i M. Casper, Asst. V	her agree to comply with the I am familiar with and accept I this document is being filed liability company has been Vice President