1415000006456

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OCT 28 2016 Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 332860 7355014								
AUTHORIZATION : Juli Bleman								
COST LIMIT : '\$ 25.00								
ORDER DATE: October 17, 2016								
ORDER TIME : 9:36 AM								
ORDER NO. : 332860-005								
CUSTOMER NO: 7355014								
CHANGE OF AGENT								
NAME: IMMERSYVE GAMES, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#



332860

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2016

CORPORATION SERVICE COMPANY

SUBJECT: IMMERSYVE GAMES, LLC

Ref. Number: M15000006456

Please give original submission date as file date.

We have received your document for IMMERSYVE GAMES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00023056

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: IMMERSYVE G	SAMES, L	LC	
2	(a)	215 Celebration Place	(b)	215 Ce	elebration Place
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 510		Suite	510
		Celebration,FL,34747		Celebr	ration,FL,34747
2		06/19/2015		5770384	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	, Shannon Hoefen			_
		Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State	:
		215 Celebration Place			
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		-
		Suite 510			
		Celebration , FL	34747		元
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office addr	'ess:	OCT 26
		1201 Hays Street			THE STATE OF THE S
		NEW Registered Office Address:			LORIDA C
		T -N-1			-
		Tallahassee , FL	3230	1	
the ago wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the containing agreement of the	the registability con f the limit	ered office npany, it is ed liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	lianat	ure of a member of authorized representative of a member		Scott Rigb	Printed or typed name of signee
II pro the to	herel ovisi obl mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been also been as provided in writing of this change.	ee to act i performai I for in Cl iereby coi	nce of my d apter 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
		M. Janda		M	elissa Zender
Sig	gnatu	re of Registered Agent Corporation Service Company	E	y: Asst.	. Vice President

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