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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CC LEISURE LLC

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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.

| Florid | | | | | |
|--|---|--|--|---|--|
| 1. Na | ome of the limited liability company: CC LEISU | JRE I | LLC | | |
| 2. (a) | C/O SERENDIPITY LABS | (b) | C/O SE | RENDIPITY LABS | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | M | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 450 S ORANGE AVE FLOOR 3 | | 450 S O | PRANGE AVE FLOOR 3 | |
| | ORLANDO, FL 32801 | | ORLANDO, FL 32801 | | |
| | 03/03/20 M200000 | | и20000C | 002432 | |
| 3. | Date of filing/registration in Florida | 4. | I | Document number | |
| 5. (a) | CT CORPORATION SYSTEM | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of t | the Florida | Dept. of State: | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | ~° | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | F 5 - | |
| | | | | | |
| | PLANTATION 51 | 33324 | | FILL ANASSES TO STATE | |
| | , m | , | | | |
| (b) | Registered Agents Inc. | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| | 7901 4th St N | | | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg | 33702 | | | |
| the ch agent was/w the art | limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registability con of the limited limited li | tered office inpany, it is ted liability | hereby confirmed that the change(s) company or as otherwise provided in | |
| Sign | ature of a'member or authorized representative of a member | THE | | Printed or typed name of signee | |
| I here provis the ob- to men notifie | why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I are writing of this change. Bill Havre - Assistan | perjorma d for in C hereby co | hapter 605, nfirm that t | F.S. Or if this document is being filed | |

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

Signature of Registered Agent