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REGISTERED AGENT CHANGE SPORTAID INTERNATIONAL, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. SPORTAID INTERNATIONAL, INC. 1. The name of the corporation: 2. The principal office address: 100 LAKE HART DR.-3500 ORLANDO FL 32832-0100 The mailing address (if different); N04000011228 11/24/2004 Date of incorporation/qualification; Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) BRAWN, KAREN 100 LAKE HART DR-3500 ORLANDO PL 32832-0100 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed); C T Corporation System c/o C T Corporation System, 1200 South Pine Island Road P.D. Box NOT ecooptable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Printed or typed rame and title I hereby accept the appointment as registered agent and agree to act in this capacity, if further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. C T Corporation System By: If signing on behalf of an entity: Barbara A. Burke Special Assistant Secretary Typed or Priesed Name

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2e045 (\$705)

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