N180000000461

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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FEB 1 1 2019

I AI BRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 626107 7639396

AUTHORIZATION

COST LIMIT : (\$\\35.00

ORDER DATE : February 8, 2019

ORDER TIME : 3:13 PM

ORDER NO. : 626107-005

CUSTOMER NO: 7639396

CHANGE OF AGENT

NAME: SOUTHERN ROCK HALL OF FAME,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

| TO: Amendment S Division of Co | | |
|-----------------------------------|---|---|
| Southern I | Rock Hall of Fame, Inc. | |
| | Name of (| Corporation |
| DOCUMENT NUMB | N18000000461 ER: | |
| The enclosed Statemer | nt of Change of Registered Offi | ce/Agent and fee are submitted for filing. |
| Please return all corres | pondence concerning this matte | er to the following: |
| Laur | en Strackbine | |
| | Name of Co | ontact Person |
| Jac | ksonville Jaguars, LLC | |
| | Firm/C | ompany |
| 1 TV | A Bank Field Drive | |
| - | Add | iress |
| Jac | ksonville, Florida 32224 | |
| | City/State a | nd Zip Code |
| strac | kbinel@nfl.jaguars.com | |
| E-r | nail address: (to be used for | future annual report notification) |
| For food of F | | |
| | concerning this matter, please | call: |
| Lauren Strackbine | | 904 633-2293 at (|
| Name o | f Contact Person | at () Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 ch | eck made payable to the Depar | tment of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.03 nge is submitted for a corpor r to change its registered offi | ration organized under th | e laws of the State | ? of | |
|---|---|---|--|--------------------------------|-------------|
| 1. The name of t | he corporation: SOUTHERN | ROCK HALL OF FAME | , INC. | | |
| | office address: K FIELD DRIVE JACKSON\ | /ILLE, FL 32202 | | | |
| 3. The mailing a | ddress (if different): | | | _ | |
| 4. Date of incorp | poration/qualification: 01/12 | /2018 Docum | nent number: N18 | 000000461 | |
| | street address of the current tment of State: (If resigned, | | stered office on fi | le with the | |
| | IGUANA INVESTMENTS F | LORIDA, LLC | | | |
| | 1 EVERBANK FIELD DRIV | E | | | |
| | JACKSONVILLE, FL 32202 | 2 | | | 2019 |
| 6. The name and (if changed): | street address of the new re- | gistered agent (if changed |) and /or registere | d office | 2019 FEB -8 |
| | Corporation Service Compa | any | | | 2 |
| | 1201 Hays Street | | | | = ' |
| | Tallahassee | P.O. Box NOT acceptable | FL 32301 | | 87 |
| The street addre | ss of its registered office an be identical. | d the street address of the | e business office | of its registered a | agent, |
| Such change wa authorized by th | s authorized by resolution de board, or the corporation | uly adopted by its board has been notified in writi | of directors or by ng of the change. | an officer so | |
| | MIL | Cassie Sad | | VP | |
| I further agree to performance of a agent. Or, if this hereby confirm to Corporation By: | the appointment as registers of an officer or director of comply with the provision my duties, and I am familiant of the corporation has been Service Company | ed agent and agree to act s of all statutes relative to with and accept the oblowed erely to reflect a change in notified in writing of the | o the proper and igation of my pos in the registered | complete ition as registere | rd |
| | nalf of an entity: Roxanne Turner Asst. Vice Presiden ped or Printed Name | <u>t</u> | | | |

* * * FILING FEE: \$35.00 * * *