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A. BUTLER AUG 1 8 2022 CORPORATION SERVICE COMPANY

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

ACCOUNT NO.	: I2000000195				
REFERENCE	: 889144 8389059				
AUTHORIZATION	Spelledera				
COST LIMIT	: \$13500				
ORDER DATE : August 17, 2022					
ONDER DATE . August 17, 2022					
ORDER TIME : 2:09 PM					
ORDER NO. : 889144-010					
CUSTOMER NO: 8389059					
CHANGE OF AGENT					
NAME: BIG EYE CREATI	VE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weilan	a EXT#				

EXAMINER:

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

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Flow tion organized under the laws of the State tor registered agent, or both, in the State	e of Florida
1. The name of t	the corporation: BIG EYE CRE	ATIVE, INC.	
2. The principal	office address: 3203 Lawton R	load, Suite 200, Orlando, FL 32803	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: January	28, 2004 Document number: P04	1000018721
5. The name and		gistered agent and registered office on fi	le with the
	Ramb, Justin P		_
	3203 Lawton Road, Suite 20	0	
	Orlando	FL 32803	7922
6. The name and (if changed):	l street address of the new regis	stered agent (if changed) and /or registere	7922 AUG 17
	Corporation Service Compan	ny	
	1201 Hays Street		- 17 AM 9: 1
		P.O. Box NOT acceptable	73 =
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the identical.	the street address of the business office	of its registered agent,
Such change wa	as authorized by resolution dul board, or the corporation ha	y adopted by its board of directors or be been notified in writing of the change	y an officer so :.
	11/2	Justin Ramb	CEO
	re of an officer or director	Printed or typed name	
I hereby accept I further agree to of my duties, an document is bein corporation has Corporation	the appointment as registered to comply with the provisions of the I am familiar with and accep ng filed merely to reflect a cha been notified in writing of this n Service Company	agent and agree to act in this capacity of all statutes relative to the proper and it the obligation of my position as reginge in the registered office address, I is change.	l complete performance stered agent. Or, if this hereby confirm that the
By: Lindon 1	1 Barone	08/17/2022	<u>2</u>
(Xigr	nature of Registered Agent e, Assistant Vice President	Date	
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)