## P09000016429

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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O SIMMONS MAR 0 2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	12000000	0195			
		REFERENCE	:	681120	8319403			
		AUTHORIZATION	:ر	Someth &	ena			
		COST LIMIT	:	\$ 35′.00				
ORDER	DATE :	February 25, 20	21					
ORDER	TIME :	10:59 AM						
ORDER	NO. :	681120-015						
CUSTOM	ER NO:	8319403						
	<b></b>		- <b></b> -			. – – – – – –		
CHANGE OF AGENT								
	3 T 'N & 2 T ''	ELECTIVE THE						
	NAME:	FUBOTV INC.						
PLEASE	RETURN	THE FOLLOWING AS	s pr	OOF OF FI	LING:			
		FIED COPY						
<u>XX</u>	_ PLAIN	STAMPED COPY						

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

Amendment Section

## **COVER LETTER**

TO:

Division of Corporations				
SUBJECT: fuboTV Inc.				
Name of Corporation	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMBER: P09000016429				
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
James Paz				
Name of Contact Person	<del></del>			
fuboTV Inc.				
Firm/Company	<del></del>			
1330 Avenue of the Americas, 7th Floor				
Address				
New York, NY 10019				
City/State and Zip Code	<del></del>			
jpaz@fubo.tv				
E-mail address: (to be used for future annual rep	port notification)			
For further information concerning this matter, plea-	se call:			
James Paz	at ( 844 ) 441-3826  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Dep	partment of State.			
Mailing Address: Amendment Section	Street Address:			
Amendment Section Division of Corporations	Amendment Section			
P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the rporation organized under the laws of the State of Florida loffice or registered agent, or both, in the State of Florida.	nis 				
1. The name of t	the corporation: fuboTV Ir	nc.					
2. The principal	office address: 1330 Ave	enue of the Americas, 7th Floor, New York, NY 10019					
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: Fe	ebruary 20, 2009 Document number: P09000016429	<u>-</u>				
5. The name and		rent registered agent and registered office on file with the					
	John Textor						
	318 South US Highway One, Suite 200						
	Jupiter	FL 33477 :	2021 MAR				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Corporation Service Co	ompany	And the second				
	1201 Hays Street		<u>အ</u> သ				
	-	P.O Box NOT acceptable	0				
	Tallahassee	FL 32301					
The street addre	ess of its registered office be identical.	e and the street address of the business office of its registere	ed agent,				
Such change wa authorized by th	as authorized by resolutions board, or the corporation	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.					
Gna Sheldon		Gina Sheldon, Secretary					
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as reginated the appointment as reginated to comply with the proving a language of the complete the complete of the complete of the company	Printed or typed name and title stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete perf d accept the obligation of my position as registered agent. ( t a change in the registered office address, I hereby confirm of this change.	formance Or, if this that the				
By: Leseste & 16	26	03/01/2021					
_	nature of Registered Agent	Date					
Ty	ped or Printed Name	<del></del>					

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