

3/24/23 6:01 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6360

From:

Account Name : CORP 911, INC.
Account Number : I20200000202
Phone : (818)478-1681
Fax Number : (818)688-8120

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

Email Address: _____

REGISTERED AGENT CHANGE
SPRING PARK ENTERTAINMENT, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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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.

1. The name of the corporation: SPRING PARK ENTERTAINMENT, INC.
2. The principal office address: 12125 DANCLIFF TRACE
ALPHARETTE, GA 30609
3. The mailing address (if different): 15821 VENTURA BLVD., SUITE 500, ENCINO, CA 91436
4. Date of incorporation/qualification: 11/09/2013 Document number: FL3000053005
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)

MORRIS, WAYNE7325 SOMERSET SHORES CTORLANDO, FL 32819

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UFC CORPORATION SYSTEM1200 SOUTH PINE ISLAND ROADP.O. Box 501 acceptablePLANTATION, FL 33324

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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.

Wayne Morris
Signature of an officer or director

WAYNE MORRIS

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

Nichol McCroy
Signature of Registered Agent

MARCH 23, 2023

Date

If signing on behalf of an entity:

Nichol McCroy, Assistant Secretary

Typed 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

CR2F015 (04/13)

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