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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EDWARDS WILDMAN PALMER LLP
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Phone : (561)833-7700
Fax Number : (561)655-8719

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

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**REGISTERED AGENT CHANGE
RUNNING MAN HOLDINGS, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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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: Running Man Holdings, Inc.
2. The principal office address: 6280 W. Sample Road, Suite #202, Coral Springs FL 33067
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/2014 Document number: P14000039543
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)

Rudy A. Mazzocchi620 W. Sample Road, Suite #202Coral Springs FL 33067

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

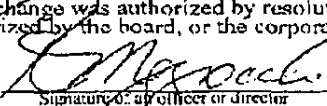
Rudy A. Mazzocchi6280 W. Sample Road, Suite #202

P.O. Box NOT acceptable

Coral Springs FL 33067

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.


Signature of officer or directorRudy A. Mazzocchi, Director

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.

June 13, 2014

Signature of Registered Agent

Date

By: Rudy A. Mazzocchi

If signing on behalf of an entity:

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

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