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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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 MAIN EVENT SE, INC.

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ings is submitted for a corporation organized under the laws of the State of ${\sf FLO}$		
	or to change its registered office or registered agent, or both, in the State of Florida		
1. The name of	the corporation: MAIN EVENT SE, INC.		_
	office address: 5445 Legacy Drive, Suite 400, Plano, TX 75024		<u>.</u>
3. The mailing a	address (if different):		
_	poration/qualification: 2/7/2020 Document number: P2000001	0845	_
5. The name and	d street address of the current registered agent and registered office on file with the trenent of State: (If resigned, enter resigned)	. r.	
	CT CORPORATION SYSTEM	크(C) 크(C)	1
	1200 SOUTH PINE ISLAND ROAD		•
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	SSEE.	
	Capitol Corporate Services, Inc.	75	
	515 East Park Avenue 2nd Fl	יניו	
	P.O. Blow NOT ecopyable Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its regis	tered agent	Ļ
	as authorized by resolution duly adopted by its board of director or in an office are board, or the exaperation has been notified in writing of the director of the example of the components of	r 3 0	
I hareby accept I further agree of my duties, ar document is bet corporation has	the appointment as registered opent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to a familiar with and accept the obligation of my position as registered ages in filled marely to reflect a change in the registered affice address. I hereby constitution of my writing of this change.	or for many to fill the true that the	T.
<u>3.i</u>	Brekerte, - 7/13/2022	·	
	chalf of an entity:		
	i. Assistant Secretary on behalf of Capitol Corporate Services, Inc.		
	* * * FILING FKE: \$35,00 * * *		
M CR2E045 (04/13)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		

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