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(City/State/Zip/Phone #)

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(Business Entity Name)

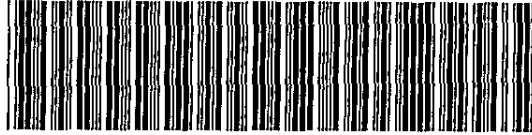
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Teknix Sports Engineering, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000013897

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelley Fowler  
(Name of Person)

Teknix Sports Engineering, LLC  
(Name of Firm/Company)

2651 State Road 60 W  
(Address)

Bartow, FL 33830  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelley Fowler at ( 863 ) 534-1212  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SEP 27 9 45 AM '00  
TALLAHASSEE, FL  
REGISTRATION SECTION

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Teknix Sports Engineering LLC

2. The mailing address of the limited liability company is : 2651 State Road 60 W  
Bartow, FL 33830

8/17/2001 L0100013897  
3. Date of filing/registration in Florida 4. Document number

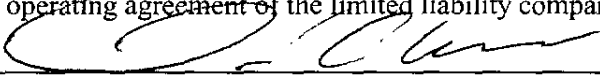
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joe DiCesare  
Name  
2651 State Road 60 W  
Address  
Bartow, FL 33830  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Will Shillito  
Name  
5322 Verona Ct  
Florida street address (P.O. Box NOT acceptable)  
Lakeland FL 33813  
City, State and Zip

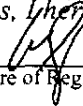
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

David Vives

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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