

M10000005314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

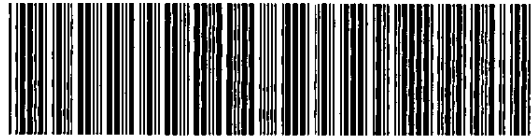
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
MAY -5 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2011

JON D. DERREVERE, ESQ.
DERREVERE, HAWKES, BLACK & COZAD
2005 VISTA PARKWAY, SUITE 210
WEST PALM BEACH, FL 33411

SUBJECT: SPORTSPLAN STUDIO LLC
Ref. Number: M10000005316

We have received your document for SPORTSPLAN STUDIO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 511A00008803

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPORTSPLAN STUDIO, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon D. Derrevere, Esq.
Name of Person

Derrevere, Hawkes, Black & Cozad
Firm/Company

2005 Vista Parkway, Suite 210
Address

West Palm Beach, Florida 33411
City/State and Zip Code

jdd@derreverelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon D. Derrevere, Esq. at (561) 684-3222
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: SPORTSPLAN STUDIO, LLC

2. (a) Principal office address of limited liability company: SPORTSPLAN STUDIO, LLC

(Note: MUST BE STREET ADDRESS)

5207 N.W. Crooked Road
Kansas City, MO 64152

(b) Mailing address of limited liability company: SPORTSPLAN STUDIO, LLC

(Note: MAY BE POST OFFICE BOX)

5207 N.W. Crooked Road
Kansas City, MO 64152

12/3/2010
3. Date of filing/registration in Florida

M10000005316
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State of date:

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 2731 Executive Park Dr
Suite 214
Weston, FL 33331

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: Derrevere, Hawkes, Black & Cozad

NEW Registered Office Address: Derrevere, Hawkes, Black & Cozad
(MUST BE FLORIDA STREET ADDRESS) 2005 Vista Parkway, Suite 210
West Palm Beach, FL 33411

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.

Pamela D. Scott
Signature of a member or authorized representative of a member

Pamela D. Scott
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]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA