NDUODODO8110

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Donald Cupart Advised to Add, Current RA Name (Address) Along With Any other Corrections

Office Use Only



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09 JAN -7 PM 3: 26

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Central Florida Youth Tackle Football League, INC. (Name of Corporation)
DOCUMENT NUMBER: N060008110
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald lipari (Name of Contact Person)
Central Florida Youth Tackle Football
(Firm/Company)
3770 Valley Oaks Ct
(Address)
Oviedo, FL 32766
(City/State and Zip Code)
For further information concerning this matter, please call:
Don Lipari at (917) 699-5251 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Don Lipari at (917) 699-5251 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2008 DEC -8 AM 8: OC



December 9, 2008

DON LIPARI 3770 VALLEY OAKS CT. OVIEDO, FL 32766

SUBJECT: CENTRAL FLORIDA YOUTH TACKLE FOOTBALL LEAGUE, INC.

Ref. Number: N06000008110

We have received your document for CENTRAL FLORIDA YOUTH TACKLE FOOTBALL LEAGUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 208A00059745

Irene Albritton Regulatory Specialist II



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2008

DON LIPARI CENTRAL FLORIDA YOUTH TACKLE FOOTBALL 3770 VALLEY OAKS CT. OVIEDO, FL 32766

SUBJECT: CENTRAL FLORIDA YOUTH TACKLE FOOTBALL LEAGUE, INC.

Ref. Number: N06000008110

We have received your document for CENTRAL FLORIDA YOUTH TACKLE FOOTBALL LEAGUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 908A00056111

SECRETARY OF STATE TALL AHASSEE. FLORIDA

2008 DEC 19 AM 8: 00

RECEIVED

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Central Florida Youth Tackle Football Cencue, Inc.
2. The principal office address: 3770 Valley Oaks Ct Oviedo, FL 32766
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 DODY Document number: ND UDDODO 8 11
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)
KAthryn A. Fairchild
Winter Springs Fl 32708
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Donald lipari 3770 Valley Oaks Ct Oviedo, FL 32766 (P.O. Box NOT acceptable)
Donald lipari
3770 Valley Oaks Ct Oviedo, FL 32766
(P.O. Box NOT acceptable)
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.
Ovel Lysen Downel Lysen Resident (Signature of an officer or 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.
Once type: (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Central Planda Yourn + roke

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)