

N 11000010836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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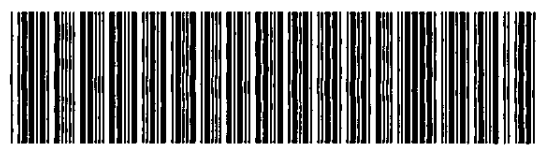
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Immokalee Soccer School & Academy Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N11000010836

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:

Travis J. McConnell  
Name of Contact Person

Law Office of Travis J. McConnell  
Firm/Company

3601 First Avenue North  
Address

St. Petersburg FL 33713  
City/State and Zip Code

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

For further information concerning this matter, please call:

Travis J McConnell at ( 727 ) 323-4759  
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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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: Immokalee Soccer School & Academy Inc.

2. The principal office address: 753 El Paso Trail, Immokalee FL 34142

3. The mailing address (if different): PO Box 1978, Immokalee FL 34143

4. Date of incorporation/qualification: 11/21/2011 Document number: N11000010836

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)

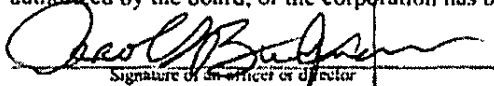
Salvatori Wood & Buckel PL  
9132 Strada Place, 4th Floor  
Naples FL 34108

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

Law Office of Travis J. McConnell, PLLC  
3601 First Avenue North  
P.O. Box NOT acceptable  
St Petersburg FL 33713

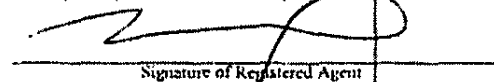
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

Arol Buntzman, President  
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.*

  
Signature of Registered Agent

4/24/17  
Date

If signing on behalf of an entity:

Travis J. McConnell  
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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