

N12000001609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

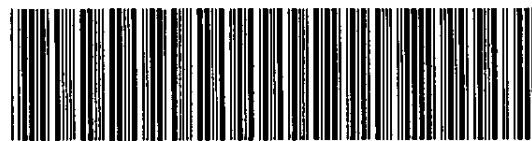
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

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R. White  
AUG 15 2013  
R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Youth Combine  
Name of Corporation

**DOCUMENT NUMBER:** N12000001659

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:

Matthew Howland  
Name of Contact Person

Youth Combine  
Firm/Company

3941 SW 4th Pl  
Address

Gainesville, Fl, 32607  
City/State and Zip Code

howlandm@youthcombine.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Howland at ( 352 ) 346-3815  
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

**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: Youth Combine Inc.
2. The principal office address: 3941 SW 4th Pl. Gainesville, FL, 32607
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/13/2012 Document number: N12000001659
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)

Matthew Howland  
3237 NW 30th Pl  
Gainesville, FL, 32607

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

Matthew Howland  
3941 SW 4th Pl  
P.O. Box NOT acceptable  
Gainesville, FL, 32607

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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.

Matthew Howland  
Signature of an officer or director

Matthew Howland, Executive 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.*

Matthew Howland  
Signature of Registered Agent

08/06/2013  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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