

Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE FANSPORT, INC.

Certificate of Status	0
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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: FANSPORT, INC.
2. The principal office address: 5020 WOODLAND DR
PLACERVILLE, CA 95667
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/16/2011 Document number: P11000027078
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)
SANDERS, STEVEN
7865 AMETHYST LAKE PT
LAKE WORTH, FL 33467
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324
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.

 Stephen Wang (Wong Hiu Chung)
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.

By:  8-20-13
Signature of Registered Agent Date

If signing on behalf of an entity:

NRAI Services, Inc.
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
CR2E045 (03/12)

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