P99000065976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Roberts NOV 07 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE ADDRESS
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

ANTONIO ACOSTA
(Name of Contact Person)

ATHLETIC DEVELOPMENT SYSTEMS, INC
(Firm/Company)

2693 SW ABEL ST
(Address)

PORT SAINT LUCIE FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO ACOSTA at (561) 8668224
(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: ATHLETIC DEVELOPMENT SYSTEMS, INC.

2. The principal office address: 2673 SW Abel St
Port Saint Lucie, FL 34953

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/19/99 Document number: P99000065976

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: ACOSTA, ANTONIO
1821 SW CALIFORNIA BLVD
PORT ST LUCIE FL 34953

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ACOSTA ANTONIO
2673 SW ABEL ST
PORT SAINT LUCIE FL 34963
(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.

[signature] PRESIDENT
(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.

[signature] NOV 02 2006
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

ANTONIO ACOSTA
(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 (8/05)