The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: MATTHEW ANDERSON			01/18/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	DIRECTOR	
Name	ABELL, DENNIS	Name	ANDERSON, MATTHEW	
Address	1932 SE REDWING CIRCLE	Address	1932 SE REDWING CIRCLE	
City-State-Zip:	PORT ST LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 34952	
<b>T</b> .0.				
Title	SD			
Name	ANDERSON, LAUREN			

**1932 SE REDWING CIRCLE** PORT ST LUCIE. FL 34952 US

**Current Principal Place of Business:** 

DOCUMENT# N09000011292

1932 SE REDWING CIRCLE PORT ST LUCIE, FL 34952

## FEI Number: 27-1002755

**Current Mailing Address:** 

### Name and Address of Current Registered Agent:

**1932 SE REDWING CIRCLE** 

City-State-Zip: PORT ST LUCIE FL 34952

Entity Name: TREASURE COAST HOCKEY, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

ANDERSON, MATTHEW **1932 SE REDWING CIRCLE** PORT ST. LUCIE, FL 34952 US

Title Name Address

#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: MATTHEW TREASURE COAST HOCKEY ANDERSON

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

# FILED Jan 18, 2020 Secretary of State 0039746092CC

Date

01/18/2020

Certificate of Status Desired: Yes