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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and							
that my name appears above, or on an attachment with all other like empowered.							
SIGNATURE: KRISTINA DELLE DONNE	PARTNER	04/09/2021					

PARTNER

SIGNATURE: KRISTINA DELLE DONNE

I

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: VOLUSIA SPORTS, LLC

## **Current Principal Place of Business:**

**1514 MONICA STREET** DELTONA, FL 32725

## **Current Mailing Address:**

**1514 MONICA STREET** DELTONA, FL 32725

## FEI Number: 45-2123570

## Name and Address of Current Registered Agent:

ALL41SPORTS **1514 MONICA STREET** DELTONA, FL 32725 US

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:	DAVID DELLE DONNE	04/09/2021		
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	MGRM	Title	MGRM	
	Name	DELLE DONNE, DAVID AMR.	Name	DELLE DONNE, KRISTINA LMRS	i.
	Address	1514 MONICA STREET	Address	1514 MONICA STREET	
	City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725	

Certificate of Status Desired: No

Date