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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(01), 022022, 0220	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
(
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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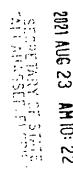
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gulf Coast Little League Inc. Name of Corporation
DOCUMENT NUMBER: 756 681
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:
Ryan McQJaole Name of Contact Person
HIGO Looking Glass Ln #8 Address
Address
Naus Fz 34/12 City/State and Zip Code
acli naplus @ anailicen
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (614) 668-2895 Area Code & Daytime Telephone Number
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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



September 3, 2021

RYAN MCQUADE 4160 LOOKING GLASS LN #8 NAPLES, FL 34112 US

SUBJECT: GULF COAST LITTLE LEAGUE, INC.

Ref. Number: 756681

We have received your document for GULF COAST LITTLE LEAGUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal office must be a street address, The mailing address may be a p.o. box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 921A00021341

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
The name of the corporation: Gulf Coast Little League Inc.
1. The name of the corporation: Gulf Coast Little League Inc. 2. The principal office address: 5611 Warren St, Naples, Ft 34118
3. The mailing address (if different): P.O. Box 1727, Marco Island, Ft. 34146
4. Date of incorporation/qualification: Document number:
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) By on Chestnut (resigned) 5611 Warren St.
5611 Warren St.
Marco Island, FL 34//3 The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Kyan Mi What
4160 Looking Glass Ln #8
Ryan McQuade 4160 Looking Glass Ln #8 10. Box NOT acceptable Naplus, FL 34/12
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Ryan J. M. C. Wald Printed in typed name and title
Signature of an officer of director hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address. I hereby confirm that the orporation has been notified in writing of this change.
8/19/21
Signature of Registered Agent Date
signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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