Division of Corporations enartment of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE MAJOR LEAGUE ALUMNI MARKETING, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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| Estimated Charge | \$35.00 |

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Major League Alumni Marketing, Inc.

Name of Corporation

DOCUMENT NUMBER

F03000000056

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

888

705-7274

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | ange is submitted for a corporate | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes. tion organized under the laws of the State of Virgin t or registered agent, or both, in the State of Florida. | ia |
|-----------------------------------|--|--|-------------------|
| | | ague Alumni Marketing, Inc. | |
| | al office address: <u>1631 MES</u> RADO SPRINGS, C | SA AVENUE, SUITE D SO 80906 | |
| 3. The mailing | address (if different): | | <u> </u> |
| 4. Date of inco | rporation/qualification: 1/2/2 | 003 Document number: F0300000 | 005 |
| | TORGUSEN, C | HRISTOPHER | |
| | TROPICANA FIELD, ONE T | ROPICANA DR | ŀ |
| | ST. PETERSBURG | FL 33705 | |
| 6. The name ar (if changed): | | nt Solutions, Inc. | |
| | 155 Office Plaza | | 7 |
| | Tallahassee | FL 32301 | άĦ−9: |
| The street addr as changed wil | ress of its registered office and t | the street address of the business office of its registi | eri Stored ag |
| Such change wauthorized by | vas authorized by resolution duly the board, or the corporation has | y adopted by its board of directors or by an officer so been notified in writing of the change. | so |
| | Mindell ture of an officer or director | David Mindell Sec | retar |
| I hereby accep I further agree | et the appointment as registered | ogent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as regi- ely to reflect a change in the registered office addre notified in writing of this change. | istered iss, I |
| _ Made | | 10/09/2019 | |
| If signing on b | gnater of Registered Agent chalf of an entity: | Date | |
| | Hart - Assistant Secretar | rv | |
| | Typed or Printed Name | <u>')</u> | |
| | *** 1731 | INC FFF- \$35 00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314