Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000175998 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

## CDM FANTASY SPORTS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

الم الرا

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

	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz				•
	er to change its registered office or register				~
1. The name of	the corporation: CDM Fantasy Spor	ts Corp.			
2. The principal	office address: 175 Bloor Street Ste	e 803, Toronto ONT M4V	N 3R8	Canada	a
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 01/24/2008	Document number: F0800	000003	96	·
	i street address of the current registered agriment of State:	ent and registered office on file w	rith the		
	C T Corporation System		<del></del>		
	1200 South Pine Island Road				r
	Plantation FL 33324		_==	2	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and for registered of	SECRET	2009 AUG	_1
	Corporation Service Company		AR)	1	
	1201 Hays Street	•	E. P	A	П
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301		<u>≅</u> ≥	<u>ب</u>	
The street address changed will	ess of its registered office and the street a l be identical.	address of the business office of	its registe	ered age	nt,
Such change wanthorized by the	as authorized by resolution duly adopted he brain, or the corporation has been not	by its board of directors or by a ified in writing of the change.	n officer	\$0	
خينسنب		Craig Troyer			
• •	urb of the different or director)	(Printed or typod name and	· · · · · · · · · · · · · · · · · · ·		_
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obti ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. des relative to the proper and co gation of my position as register registered office address, I heri	mplete p ed agent eby confi	erforma . Or, if t rm that t	nce his he
Byzkay	tion Service Company	august 4	200°	9	_
If signing on be	chalf of an entity:				
Kathy ?	Typed or Printed Name)				
<del></del>	* * * FILING FE	E: \$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)