

Jouida Department of State
Division of Corporations
Dectronic Filing Cover Sheet



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(((H160003117113)))



H160003117113ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE SPIN CITY ARCADE, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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R/A-W

S. TALLENT DEC 23 2016

COVER LETTER

10:	Amendment Section Division of Corporations		
SUBJI	SPIN CITY ARCADE, INC		
	Name of Corporation		
DOCU	JMENT NUMBER:		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Kris Nicholas		
	Name of Contact Person		
	CT Corporation System		
	Firm/Company		
	2875 Michelle Dr Ste 100		
Address			
	Irvine, CA 92606		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
	Name of Contact Person at (
Enclos	ed 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 c	change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.				
1 The name of	of the corporation: SPIN CITY ARCADI	E, INC.				
2. The princip	The principal office address: 13550 Refections Prkwy, Suite 301, Fort Myers, FL 33907					
3. The mailin	g address (if different):					
4. Date of inc	corporation/qualification: 03/11/2011	Document number: F11000001155				
	and street address of the current register partment of State: (If resigned, enter res	red agent and registered office on file with the signed)	વુડ્ડ 			
	CT Corporation System					
	208 S. LaSalle Street Suite 814		FIL BC 21			
	Chicago, FL 60604					
6. The name a		agent (if changed) and /or registered office	D PH 4:38 F STATE FI ORIDA			
	C T Corporation System					
	c/o C T Corporation System, 1200 Sou	uth Pine Island Road				
	P.O. Box	NOT acceptable				
	Plantation, Florida 33324					
The street ade as changed w	dress of its registered office and the strill be identical.	reet address of the business office of its registe	жed agent,			
Such change authorized by	was authorized by resolution duly ador the board, or the corporation has been	pted by its board of directors or by an officer son notified in writing of the change.	30			
Sign	nature of an officer or director	Printed or typed name and title	The state of the s			
I hereby acce I further agre performance agent. Or, if hereby confir	ept the appointment as registered agen be to comply with the provisions of all of my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notifi	it and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my position as regi reflect a change in the registered office addre ted in writing of this change.	stered ss, I			
By:	Corporation System Time Chainand	12/20/2016				
	Signature of Registered Agent	Date				
lf signing on	behalf of an entity:					
Nicole Chouin	ard					
	Typed or Printed Name					
	* * * FILING	FEE: \$35,00 * * *				

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

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