## FN000004187

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)	)
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10/14/16--01018--004 \*\*35.00

OCT 1 8 2015 C. CARROTHERS

## **COVER LETTER**

Division of Corpor	ations	
SUBJECT: Round	lBall Capital, I	
	Name of Co	orporation
DOCUMENT NUMBER:	F14000004187	
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspond	dence concerning this matter	r to the following:
	Jerry Britt	
	Name of Cor	ntact Person
	RoundBall Capital,	
	Firm/Co	. ,
	301 W Platt St, #401	
<del></del>	Add	ress
	TAMPA, FL 33606	
****************	City/State ar	nd Zip Code
	Jerry@365Property	Partners.com
E-mail	address: (to be used for f	uture annual report notification)
For further information cor	cerning this matter, please	call:
Jerry Britt		at ( 727 ) 631-2222  Area Code & Daytime Telephone Number
Name of Co	ntact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check	made payable to the Depart	tment of State.
Ar Di P.G	niling Address: nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

TO: Amendment Section

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

statement of chang	ge is submitted for	is 607.0502, 617.05 a corporation orga tered office or regis	mized under th	ie laws of the Si	tate of Nevada	
1. The name of the	e corporation:	RoundBall Capita	al, Inc			
2. The principal of	· · · · · · · · · · · · · · · · · · ·	01 W Platt St, #4 FAMPA, FL 33606				
3. The mailing add	dress (if different):					
4. Date of incorpo	ration/qualification	n:10/03/2014	Docum	nent number:	F14000004187	
		e current registered esigned, enter resign		stered office or	ı file with the	
	BUSINE	SS FILINGS INC	ORPORATE	D		
	1200 Soi	ith Pine Island Ro	oad			
_	Plantatio	on, FL 33324				
6. The name and s (if changed):		e new registered age		l) and /or regist	ered office	23 E OC i
	Koehlei	r & Company, P.A	١.			4-7
	401 N I	Howard Ave			-	Ĭ.
	<del></del>	P.O. Box NO	T acceptable			-:-!
_	Tampa	a, FL 33606			<u> </u>	ເດີ
The street address as changed will be	of its registered of identical.	office and the street	t address of th	e business offi	ce of its registere	d agent,
Such change was authorized by the	authorized by rese board, or the corp	olution duly adopte oration has been no	d by its board otified in writ	of directors or ing of the chan	by an officer so ge.	
Signature	of an officer of director			ry Britt, Presic		
I further agree to performance of m agent. Or, if this	comply with the p y duties, and I am document is being	registered agent an rovisions of all sta familiar with and filed merely to ref i has been notified	tutes relative l accept the obl lect a change	to the proper a igation of my p in the registers	nd complete position as registe	ered I
Signat	ure of Registered Agent			9 29 Date	16	
If signing on beha	If of an entity:					
	W KOEHLER	, PRES.				

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