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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (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:\_\_\_\_\_

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## REGISTERED AGENT CHANGE PROFESSIONAL REFEREE ORGANIZATION, INC.

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Professional Referee Organization, Inc.
Name of Corporation

DOCUMENT NUMBER: F16000001159

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, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo
Name of Contact Person

at (888 705-7274

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

## 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, Fl statement of change is submitted for a corporation organized under the laws of the St.	
in order to change its registered office or registered agent, or both, in the Sta	· · - · · · · · · · · · · · · · · · · ·
1. The name of the corporation: Professional Referee Organization.  2. The principal office address: 420 FIFTH AVENUE, 7TH FLOC	
NEW YORK, NY 10018	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/10/2016 Document number: F	16000001159
<ol> <li>The name and street address of the current registered agent and registered office on Florida Department of State: (If resigned, enter resigned)</li> <li>C T CORPORATION SYSTEM</li> </ol>	file with the
1200 SOUTH PINE ISLAND ROAD	
PLANTATION FL 33324	一品用
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	28 H 9 H
Registered Agent Solutions, Inc.	
155 Office Plaza Dr., Suite A	
P.O. Box NOT acceptable	
Tallahassee, FL 32301	<del></del>
The street address of its registered office and the street address of the business offic as changed will be identical.	ee of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so ge.
1st Jim Brown Jim Brown	Chairman
I hereby accept the appointment as registered agent and agree to act in this capacit I further agree to comply with the provisions of all statutes relative to the proper as performance of my duties, and I am familiar with and accept the obligation of my pagent. Or, if this document is being filed merely to reflect a change in the registere hereby confirm that the corporation has been notified in writing of this change.	ty. id complete osition as registered
12/27/2018	
Signature of Registered Agent Date  If signing on behalf of an entity:	: <del>11 - 11 </del>
Justine Karnell - Assistant Secretary  Typed or Printed Name	