

# F19000003253

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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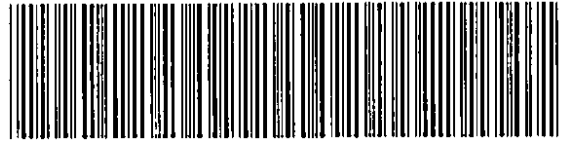
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2020 JAN 29 AM 9:39 JAN 29 07:10:55

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 30 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 155306 4144A

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : January 28, 2020

ORDER TIME : 9:55 AM

ORDER NO. : 155306-005

CUSTOMER NO: 4144A

CHANGE OF AGENT

NAME: ALTERNATIVE BASEBALL  
ORGANIZATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alternative Baseball Organization, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F19000003253.

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:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: Alternative Baseball Organization, Inc.
- The principal office address: 854 Lindsey Lake Road, Dallas, Georgia 30157
- The mailing address (if different): \_\_\_\_\_
- Date of incorporation/qualification: \_\_\_\_\_ Document number: F19000003253.
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Donald E. Kehl

105 Santander Drive

Jupiter

FL 33458

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:

Taylor C. Duncan  
Signature of an officer or director  
E3074CCB22C64A5

Taylor Clark Duncan, CEO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: Kadesha Roberson  
Signature of Registered Agent

Kadesha Roberson  
Asst. Vice President 1/28/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

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2020 JAN 29 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FL