-9400000/8/8 Aspen Athletic Corp. 4700 S.W. 51st Street Bay 217 Davie, Florida 33314 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait Photocopy Certificate of Status Mail out AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name PA Chg. Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1.95)

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 60 poration organized under t			
submits the follo	owing statement in order t	to change its regi	stered office or registered	l agent, or both, in the
2. The mailing a	ddress of the corporation	is: 4700 Davie		
3. Date of incorp 4. The name and	poration/qualification:	gistered agent and	Document number:	F94000001818
5. The name and	REYA I address of the new regist		ffice: (P.O. Box Not Acce	- Francisco III (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	j i	BECASSIS SW SIST	STREET #217	——————————————————————————————————————
	DAVIE	FL 33	STREET #217	
The street addre	ess of its registered office and will be identical.	and the street add	ress of the business office	of its registered
	is authorized by resolution ie board			
(Signature of an off	icer, chairman or vice Chairman	of the board)	(Date)	20-98
<u> </u>	EYAl LIBE	(A5515 Printed or typed name	Parident.	
Having been no I hereby accept comply with the and I am famili	med as registered agent a the appointment as regist provisions of all statutes ar with and accept the ob	ind to accept serv ered agent and a relative to the pr ligation of my po	ice of process for the abo gree to act in this capacit oper and complete perfor sition as registered agent.	ove stated corporation, by. I further agree to mance of my duties,
\\(Signature	of Registered Agent)		/ // - 20 - 9. (Date)	6
If signing on be	ehalf of an entity:			
YAN A	BECASSIS Printed Name)		√ 50% (Capacity)	
CR2E045(1/95) FILING FEE: \$3				TLING FEE: \$35.00

CR2E045(1/95)