

K04218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

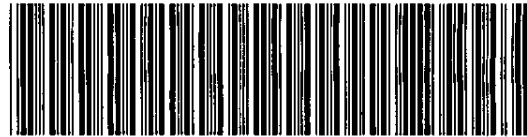
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
TALLAHASSEE, FL

Ra office change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Redball Recovery, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** K04218

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:

John F. Hayter  
Name of Contact Person  
John F. Hayter, Attorney At Law, P.A.  
Firm/Company  
1418 N.W. 6th Street  
Address  
Gainesville FL 32601  
City/State and Zip Code  
john@johnhayter.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John F. Hayter at (352) 374 8566  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
SECRETARY OF STATE

**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 Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Redball Recovery, Inc.  
2. The principal office address: 1418 NW 6th Street  
Gainesville FL 32601  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-30-87 Document number: K04218

5. 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)

John F. Hayter  
704 N.E. 1st Street  
Gainesville FL 32601

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

1418 N.W. 6th Street  
P.O. Box NOT acceptable  
Gainesville FL 32601

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.

[Signature]  
Signature of an officer or director

John F. Hayter, Director  
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.

[Signature]  
Signature of Registered Agent

10/29/14  
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 (03/12)

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14 NOV -3 PM 4:38  
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TALLAHASSEE, FL