

L030000037014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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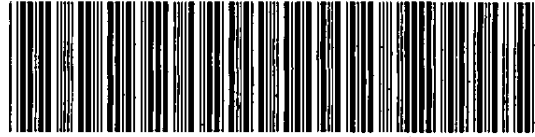
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

08 JUL 29 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2008

KARL BISHOP
TUMBLES GYMNASTICS, L.L.C.
4610 INGERSOL PLACE
NEW PORT RICHEY, FL 34652

SUBJECT: TUMBLES GYMNASTICS, L.L.C.
Ref. Number: L03000037014

We have received your document for TUMBLES GYMNASTICS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 208A00041447

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUMBLES GYMNASTICS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARL BISHOP
(Name of Person)

TUMBLES GYMNASTICS, LLC
(Firm/Company)

4610 INGERSOL PLACE
(Address)

NEW PORT RICHEY, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

KARL BISHOP
(Name of Person)

at (727) 501-5880
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TUMBLES GYMNASTICS, LLC

2. (a) Principal office address of limited liability company: 4610 INGERSOL PLACE
(Note: **MUST BE STREET ADDRESS**) NEW PORT RICHEY, FL 34652

(b) Mailing address of limited liability company: 4610 INGERSOL PLACE
(Note: **MAY BE POST OFFICE BOX**) NEW PORT RICHEY, FL 34652

SEPT. 22, 2003
3. Date of filing/registration in Florida

L 030000 37017
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: KARL BISHOP

Registered Office Address: 2140 RANGE ROAD, UNIT G
CLEARWATER, FL 34625

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: KARL BISHOP

NEW Registered Office Address: 4610 INGERSOL PLACE
(**MUST BE FLORIDA STREET ADDRESS**) NEW PORT RICHEY, FL 34652

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Karl Bishop, MANAGER
(Signature of a member or authorized representative of a member)

KARL BISHOP
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Karl Bishop
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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