03000037/37

	John Morris 210 Scooter Dr Panama City, FL 32408			
(Address)				
(Cit	ty/State/Zip/Phone #)	- 		
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2005 JUN 28 PH 1: 40
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1 BRYAN JUL - 1 2005

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. The name of the limited liability company is: Log	estal Athletic T	raining	Sorvices, LLC.
2. The mailing address of the limited liability compan		~	
	Panama City		
09/30/2003 3. Date of filing/registration in Florida	. ,	003713	_
5. The name of the registered agent and the registered Florida Department of State: Kelli B. Sobis Nam HC-3 Box 613 Address Mexico Beoch Forty, State	ston ne	wn on the	
6. The name and address of the new registered agent a Erin L. Mor Name 210 Scooler Dr Florida street address (P.O Panama C. y. FL City, State a	nd/or office:		FILED PH 1:40 2005 JUN 28 PH 1:40 2005 JUN 28 PH 1:40
City, State a If the limited liability company is not organized under confirmed that after the change or changes are made, that and the business office of the registered agent will be illiability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the laws of the State	eee of the	registered office
Printed or typed name of signee) I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 508, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com (Signature 9FRegistered Agent)	and agree to act in this e proper and comple ty position as register o merely reflect a chi pany has been notifi	is capacity, te perform red agent a unge in the ed in writh	I further agree to ance of my duties, is provided for in registered office ng of this change.

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

INHS18(10/99)

FILING FEE: \$25.00