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(Requestor's Name)				
(Address)				
				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Eddinger Linky Marrie)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EXECUTIVE Sports, LLC (Name of corporation)
DOCUMENT NUMBER: L03000 45460
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:
Mane of contact person)
(Firm/Company)
(Firm/Company) ALAN J. WERKSMAN, ESQ. 2650 N. MILITARY TRAIL BUITE 150
BOGA RATON, RIAGRIDA \$3431
(City/state and zip code)
For further information concerning this matter, please call:
alan J. Wersman at (561, 988-641)
(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
Taliahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 17, 2005

ALAN J. WERKSMAN, ESQ. SUITE 150 2650 N. MILITARY TRAIL BOCA RATON, FL 33431

SUBJECT: EXECUTIVE SPORTS, LLC

Ref. Number: L03000045460

We have received your document for EXECUTIVE SPORTS, LLC 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 an LLC. Enclosed is the proper form for this entity.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 105A00052498™

When is the connected form-Please rakend the \$10 to Executive Per form it is only \$25. Dlease advise-561-988-10411 (Taxa).

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

Pursuant to the provisions liability company submits to agent, or both, in the State of	of sections 608.416 or 608 he following statement in or of Florida.	8.508, Florida Statut rder to change its rey	es, the undersigned limited gistered office or registered	
1. The name of the limited	liability company is: L	Recutive	-SOSTS, LLC	
2. The mailing address of the	ne limited liability company	is: 14891	Flora Lane	
11/0/-		wanty jui	11 10 00 11 7.	
11/18/03		<u> </u>	045460	
3. Date of filing/registration	ı in Florida	4. Document nu	ımber	
5. The name of the registere Florida Department of Sta	d agent and the registered of ate: Name Name	effice address as shown	on the records of the	
	Deer field By City, State as	Ch, FL 33	440 PM NG 1444	
6. The name and address of	•		24 Section 1	
	ALAN J. WERKSM 2650 N. MILITAR	AN, ESQ. V TRAIL		
_	SNITE 150	}	- 70 2	
	BOCA RATON, FLORI	DA 33431	是三	
	Florida street address (P.O. 1	Box NOT acceptable	O DA	
	<u>FL</u>		_	
	City, State and	ł Zip		
the members of the limited lithe operating agreement of	nge or changes are made, the registered agent will be ide by confirmed that the change liability company or as other the limited liability company	e Florida street addres entical. Or, in the cas e(s) was/were authoriz wise provided in the	s of the registered office e of a Florida limited ted by an affirmative vote of	
(Sygnature of a member or authorized representative of a member)				
(Printed or typed name of signee)	MANAGING M	<u>nember</u>		
I hereby accept the appoint comply with the provisions and I am familiar with said Chapter 608 1 S. Or, if this address, thereby confirm the said of the said said said said said said said said	ment as registered agent and of all statutes relative to the accept the obligations of my s document is being filed to eat the limited liability comp	d agree to act in this of proper and complete position as registered merely reflect a chan any has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
(Signature of Registered Agent)				

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

INHS18(10/99) FILING FEE: \$25.00