## L04000040909

(F	(equestor	s Name)	
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(0	ity/State/	Zip/Phone #)	<u> </u>
PICK-UP		WAIT	MAIL
(E	Business E	ntity Name)	
(C	ocument	Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sportsdex Vill (Name of Limited)	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Harrey Vardeven (Name of Person)	
Sportsdex Village, LL	
4200 NE 35th Street	
Ocala, Florida, 34479 (City/State and Zip Code)	₹
For further information concerning this matter, pleas	SECRETARY ALLAHASSE
Harvey Vandeven at (35) (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	nt:
\$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. The name of the limited liability company is:	toplex Village, LLC.			
2. The mailing address of the limited liability company is: Halo NE 35th Street.				
Ocala, Florida 34479	<u> </u>			
May 28, 2004  3. Date of filing/registration in Florida	<u>L0400040909</u> 4. Document number			
5. The name of the registered agent and the registered office a				
Havey Vardere				
Harrey Vandeve  Harrey Vandeve  Name  H260 NE 35th S  Address  Ocala, Pla 34th  City, State and Zip	479			
City, State and zip 6. The name and address of the new registered agent and of the new registered.				
Jeff Hadula Name				
Name # 2501 SE 58th Avenue Florida street address (P.O. Box N	· · · · · · · · · · · · · · · · · · ·			
City, State and Zip	<del>171</del>			
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flori and the business office of the registered agent will be identical iability company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherwing the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)	s of the State of Florida, it is hereby and a street address of the registered office.  I. Or, in the case of a Florida limited as were authorized by an affirmative water.			
Signature of a memoer of authorized representative of a memoer)  Teff Hadula (Printed or typed name of signee)				
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the property of the property of am familiar with and accept the obligations of my positive chapter 608, F.S. Or, if this document is being filed to merely address, thereby confirm that the limited liability company has signature of Registered Egent)	<del></del>			
(Signature of Registered Agent)  Division of Corporations, P.O. Box 6327,	Tallahassee, FL 32314			

**FILING FEE: \$25.00**