## LO400061440

|                         | (Requestor's Name)       |
|-------------------------|--------------------------|
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| PICK-UP                 | wait Mail                |
|                         | (Business Entity Name)   |
|                         |                          |
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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/25/22

NAME: ABBY WAMBACH SOCCER CAMP LLC

TYPE OF FILING: CHANGE OF RA

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AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

|                                | sion of Corporations   |                       |   |
|--------------------------------|--|-----------------------|---|
| SUBJECT:                       | Abby Wambach Soccer Car  | mp LLC                |   |
|                                | Nam  | ne of Limited Lia     | bility Company  |
| Dear Sir or N                  | Madam:   |                       |   |
| The enclosed                   | d Registered Agent/Registered Off  | ice Change and f      | ee(s) are submitted for filing.   |
| Please return                  | n all correspondence concerning th   | is matter to the fo   | ollowing:   |
| Mary Wan                       | nbach, c/o Amanda Doyle  |                       |   |
|                                | Name of Person   |                       | _   |
| Abby War                       | nbach Soccer Camp LLC  |                       |   |
|                                | Firm/Company   |                       | _   |
| 410 Great                      | Falls Street   |                       |   |
|                                | Address  |                       | _   |
| Falls Chur                     | rch, VA 22046  |                       |   |
|                                | City/State and Zip Code  |                       | _   |
|                                | oyle@gmail.com   |                       | _   |
| E-mail                         | address: (to be used for future ann  | ual report notific    | ation)  |
| For further in                 | nformation concerning this matter,   | please call:          |   |
| Amanda D                       | Poyle  | 571<br>at (           | 228-5949  |
|                                | Name of Person   |                       | Area Code & Daytime Telephone Number  |
| Regi<br>Divis<br>Clift<br>2661 | SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301 | Regi<br>Divis<br>P.O. | LING ADDRESS:<br>stration Section<br>sion of Corporations<br>Box 6327<br>shassee, Florida 32314 |
| Encl                           | osed is a check for the following  | amount:               |   |
| <b>□</b> \$2                   | 25 Filing Fee  | <b>\$55</b>           | Filing Fee & Certified Copy   |
| INHS18 (2/14)                  | )  |                       |   |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| l.            | Na   | ame of the limited liability company: Abby Wamba   | ach S  | oco                               | er Camp  | LLC   |                                       |                          |                   |
|---------------|--|--|--|-----------------------------------|--|---|---------------------------------------|--------------------------|-------------------|
| 2.            | (a)  | 410 Great Falls Street   |  | (h                                | (b) 410 Great Falls Street   |   |                                       |                          |                   |
|               | ``   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | <del></del>                                    | (47)                              |  | Mailing address of limite (Note: MAY BE POS   | =                                     |                          | <i>r</i> :        |
|               |  | Falls Church, VA 22046   | <del></del> -                                  |                                   | Falls Ch   | urch, VA 22046  |                                       |                          | <del></del>       |
|               |  | 09/14/2004   |  | ļ                                 |  | <del></del>   |                                       | <del></del>              |                   |
| 3.            |  | Date of filing/registration in Florida   | 4,   | -                                 |  | Document number   |                                       |                          |                   |
| 5.            | (a)  | Wambach, Mary A  |  |                                   |  |   |                                       |                          |                   |
|               | ζ,   | Registered Agent and Registered Office shown on the records of   | the Flor                                       | rida                              | Dept. of State   | ::  |                                       |                          |                   |
|               |  | 1684 Vinland Way   |  |                                   |  |   |                                       |                          |                   |
|               |  | Registered Office Address (MUST BE FLORIDA STREET)   |  | •                                 |  |   |                                       |                          |                   |
|               |  | Naples , FL  | 3410   | )5                                |  |   | 77.<br>72.<br>73.<br>74.              | 2022                     |                   |
|               | (b)  | GKL Registered Agents, Inc.  |  |                                   |  |   |                                       | 2 1.30 ZZ                | 1                 |
|               | , ,  | Enter name of NEW Registered Agent and/or NEW Registered   | Office   | add                               | ress:  | •   | EWRY of                               | $C_1$                    | ******            |
|               |  |  |  |                                   |  |   | ` <del>`</del>                        | AH II                    | [ ]               |
|               |  | NEW Registered Office Address:   |  |                                   |  |   | • :                                   | 10: 1                    |                   |
|               |  | 28089 Vanderbilt Drive, Suite 201  | <u>.</u>                                       |                                   |  |   |                                       | ου.                      |                   |
|               |  | Bonita Springs, FL   | 3413   | 14                                |  |   |                                       |                          |                   |
| the ag wa the | e cha<br>ent v<br>as/we<br>e arti<br>Signa | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of class of organization of the operating agreement of the operating agreement of the operating agreement of the operation of a member of a me | f the re<br>ability<br>of the l<br>limite<br>M | gist<br>cor<br>imi<br>d li<br>lar | ered office<br>mpany, it is<br>ted liability<br>ability com<br>y Abigail 1 | e and the business of<br>shereby confirmed to<br>y company or as other<br>apany.  Wambach  Printed or typed name of | ffice of the that the char erwise pro | regis<br>ange(s<br>wided | tered<br>s)<br>in |
| io<br>no      | mere<br>(ified                             | ly reflect a change in the registered office address, I is in writing of this change.  | hereby   | co                                | nfirm that t   | he limited liability  | company h                             | as be                    | en                |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00