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ALLAHASSEF FLORIDA

ALLAHAS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		Action Sports Park, LLC f Limited Liability Company)	_
	Sir or Madam:		
	e return all correspondence concernin	d Office Change and fee(s) are submitted for ng this matter to the following:	r filing.
LAU	RIE L. BERGER (Name of Person)		
Isler	and Associates Title, Inc. (Firm/Company)		<i></i>
2226	Thomas Drive (Address)	SECRETAR)	7001 DEC -5
PANA	AMA CITY BEACH, FLORIDA 3240 (City/State and Zip Code)	Y OF STATE EE, FLORID!	F O
For fi	orther information concerning this ma	atter, please call:	
LAUF	RIE L. BERGER	at (850) 233-9613	
	(Name of Person)	(Area Code & Daytime Tele	ephone 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 follow	ring amount:	
	✓ \$25 Filing Fee	\$55 Filing Fee & Certified Co	nny

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.

, , , , , , , , , , , , , , , , , , , ,	<i>y</i>					
1. The name of the limit	ed liability comp	oany is: County Line	Action Sports Park, Lt	<u>.c</u>		 '
2. The mailing address o	of the limited liab	oility company is:	2516 County Line Ro	oad,		
Fountain, Florida 32428						
· · · · · ·						<u></u> '
			L05000087644			
3. Date of filing/registrat	lion in Florida		4. Document nun	nber		
5. The name of the regist Florida Department of		he registered office	address as shown of	on the i	records	of the
•	Kelly R. Sulli	van				
		Name				
	2516 County l					
		Address				
	Fountain, Flor					
		City, State and Z	ıp			
6. The name and address	of the new regis	stered agent and/or	office:	TAL E	7001	
	Roger Godin			LA SKS	10	T
	. togo: ooa	Name		ASA	DEC	C
	2516 County L			RY	C)	
	Florida street	address (P.O. Box	NOT acceptable)	OF S	⊳	
	Fountain	FL 3242	28	ORI TAT		
		City, State and Zip)	A DA	32	
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lift or the operating agreeme (Signature of a member or author Kelly R. Sullivan	change or change of the registered a creby confirmed mited liability control of the limited orized representative of	es are made, the Floagent will be identice that the change(s) ompany or as otherwall liability company.	rida street address al. Or, in the case was/were authorize	of the tool of a Fl of a Fl ed by ar	registe lorida l n affirn	red office imited native vote
(Printed or typed name of signed						.1
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	nintment as regis ns of all statutes nd accept the ob this document is n that the limited	stered agent and ag relative to the prof ligations of my pos s being filed to mer d liability company	ree to act in this coper and complete pition as registered ely reflect a change has been notified in	ipacity. erform agent a in the n writii	. I furt ance o is prov regist ng of th	her agree to f my duties, ided for in ered office nis change.
(Signature of Registered Agent)						

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