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(Re	questor's Name)	
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TO: Registration Section Division of Corporations

SUBJECT: Silverfox Sports Entertainment Group, LLC (Name of Limited Liability Company)

Dear Sir or Madam:

1.1

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trayor Lesnock

(Name of Person)

Silverfox Sports Entertainment Group, LLC (Firm/Company)

435 N. Andrews Ave. Ste. 205 (Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Trayor Lesnock

(Name of Person)

y 554 6933

at (954

(Area Code & Daytime Telephone 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 following amount:

✓\$25 Filing Fee

S55 Filing Fee & Certified Copy



ILED

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: Silverfox Sports Entertainment Group, LLC
- 2. The mailing address of the limited liability company is : 435 N. Andrews Ave. Ste 205, Fort Lauderdale

FL, 33301

11/18/2005	
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3. Date of filing/registration in Florida

L05000112124

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

x source to operations of			
	CORPORATE CREATIONS NETWORK INC.		
	Name		
	11380 PROSPERITY FARMS ROAD #221E		
	Address	**	
	PALM BEACH GARDENS, FL 33410		
	City, State and Zip	_	
6. The name and address	s of the new registered agent and/or office:	SECH	-77
	Taysha Lesnock Carmody	OCT -	
	Name	r - 1 Tary Assei	
	5201 NE 14th Terrace, Ste. 203	T 2T	m
	Florida street address (P.O. Box NOT acceptable)	F STA	D
	Fort Lauderdale, 33334 FL		
	City, State and Zip	▶ 01	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of a) thorized representative of a member)

Trayor Lesnock

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) UN WORK

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

INHS18 (8/05)