## L06000058334

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	

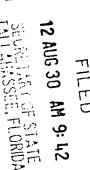


900238614399

08/31/12--01001--010 \*\*25.00

MODERATION OF STREET

C. LEWIS AUG 8 1 2012 EXAMINER



## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TGT Sports & MARKETING LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Theresa Therilus  Name of Person			
Firm/Company			
2655 re Jeune Road, Suite 500 Address			
Coral Gables FC 33134 City/State and Zip Code			
+a+miami & aol. com E-mill address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Theresa Theri lus at (305) 785-8156  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  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 \$\times \text{S55 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. Name of the limited liability company: TGT 5:	Ports & MARKETING UC
2. (a) Principal office address of limited liability company	y: 2655 LE JEUNE ROAD
(Note: MUST BE STREET ADDRESS)	SWITE 500 Coral Gables, FC 33134
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	<u> </u>
le 8 2006	L06000058334
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	THERESA THERICUE, 1
Registered Office Address:	5742 SW 165 Courts m MIAMIFC 3319 35
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Claudine Pike
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2655 he Jeune Rd Suite 500 (c/07#
•	CORAL GABLES ,FL 33134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of a member or authorized representative of Smember	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapier 608, F.S. Or, if this document is being filed to me address I hereby confirm that the united liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	A AU
Division of Corporations, P.O. Box 63 FILING FEE: \$	327, Taliahassee, FL 32314 😝 😝 💳
INHS18 (05/08)	五00