L07000090641

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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:	Boca Sports Bus,LLC
2. (a) Principal office address of limited liability company	8177 Glades Road Suite 107
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33434
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
09/04/2007	L07000090641
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:	Judith Schaum
Registered Office Address:	998 S. MILITARY TRAIL
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	SSE CO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address 📆 🖂 🖫
NEW Registered Agent:	
NEW Registered Office Address:	8177 Glades Road Suite 707
(MUST BE FLORIDA STREET ADDRESS)	Boca Raton, Florida 33434
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability 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. Signature of a member or authorized representative of a member	Florida 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
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this document is being filed to maddress. I hereby confirm that the limited liability compared to the compared to th	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition 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 Hegistered Agent	

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