## L07000091872

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
| (1001000)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
| Continued Copies                        |  |  |
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| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: HPN Football, LLC (Name of Limited Liability Company)   |   |  |
| Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Ch   | nange and fee(s) are submitted for filing.  |  |
| Please return all correspondence concerning this mat   | ter to the following:   |  |
| Gregory L Henderson (Name of Person)   |   |  |
| HPN Football, LLC (Firm/Company)   |   |  |
| P.O. Box 2677 . (Address)  | · · · · · · · · · · · · · · · · · · ·   |  |
| Brandon, FC 33509 (City/State and Zip Code)  |   |  |
| For further information concerning this matter, please   | e call:   |  |
|  | 3 546-1000  |  |
| (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 | 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  | 355 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. The name of the limited liability company is: HPN Feetball, UC   |  |
|---|--|
| 2. The mailing address of the limited liability company is: ρ.ο. Βοχ 26   | רר 🧎   |
| Brandon, FC 3   | 33509  |
| 9125/07 6070000978  | 72   |
| 3. Date of filing/registration in Florida 4. Document number  |  |
| 5. The name of the registered agent and the registered office address as shown on the Florida Department of State:    David Price   Corpdirect Agents,  | Inc.   |
| 6. The name and address of the new registered agent and/or office:    Varid   Price   Suite 3002  | APR 24 PH 12: 13  CRETARY OF STATE LAHASSEE FLORIDA                                    |
| Brandon FL 33 511  City, State and Zip  | _  |
| If the limited liability company is not organized under the laws of the State of Florida confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a Fl liability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company.                                    | , it is hereby registered office lorida limited n affirmative vote les of organization |
| (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligations of my position as registered agent a Chapter 608, S.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writing | . I further agree to<br>ance of my duties,<br>is provided for in                       |
| Chapter 606, 75. Or, if insidocument is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writin (Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231   |  |

**FILING FEE: \$25.00**