(Re	questor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·	Office Use Or	nlv



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Impactbat, uc Name of Limited Liability Compa	ny .
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Danny Carsello Name of Person Impact bat, LLC Firm/Company	
7027 W. Broward Blvd. #384 Address	
Plantation FC 33317 City/State and Zip Code	
Heswingdoctor & Comcast net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Danny Carsello at 954,608- Name of Person Area Code &	8427 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADD Registration Section Division of Corporations Division of Corporations Tallahassee, Florida 32301	on orations
Enclosed is a check for the following amount:	e de la companya de l
\$25 Filing Fee \$55 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 605.0114 or 605.0116, 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.

١.	Na	me of the limited liability company: 4	t00	ti U	C_{m}	
2.	(a)	Danny Carsella	(ь) 7 02	7 W. Bri	mardibled
_,	(-)	Principal office address of limited liability company:	- \	°)	Mailing address of	limited liability company:
		(Note: MUST BE STREET ADDRESS)	#	38Y	(<u>Note: MAY Bi</u>	E POST OFFICE BOX)
		7027 W. broward BIVD		Pla	intation	ft. 33317
		+384 Plantation F2333	17			
			- '			
				LC	5800000	61732
3.		Date of filing/registration in Florida	4.		Document nur	mber
5.	(a)	Danny Carsella				
	` '	Registered Agent and Registered Office shown on the records of the	ne Floric	la Dept. of St	ate:	
		6171 SIN 185 ST			,	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	_	
		DI- 1-11				æ
		lantation, FL	33	317	_	7
				- ,		38 138 139 139 139 139 139 139 139 139 139 139
I	(b)	Danny Carsello		·····		922
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		9 - 00 CE
			, ,			
		7027 W. boward blod	+	281		<u> -</u> 貫원
		NEW Registered Office Address:	#	384	_	RANGE TE
		1027 W. broward blvd NEW Registered Office Address:	+	384	_	H. T.
			+	384		
			7 -	384		T. H.J.
			33	384		THE RATION OF THE PARTY OF THE
If tl	he li	NEW Registered Office Address: Plantation, FL	33	384 3317 e State of I		by confirmed that after
the	cha	NEW Registered Office Address: , FL mited liability company is not organized under the law age or changes are made, the Florida street address of	33 s of the	istered offi	ice and the busing	ess office of the registered
the age	cha nt v	NEW Registered Office Address: , FL mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia	33 s of the	istered offi company, it	ce and the busing is hereby confir	ess office of the registered med that the change(s)
the age was	cha nt w we	NEW Registered Office Address: , FL mited liability company is not organized under the law age or changes are made, the Florida street address of	s of the he reg	istered offi company, it nited liabil	ce and the busing is hereby confiruity company or a	ess office of the registered med that the change(s)
the age was the	cha nt w s/we arti	MEW Registered Office Address: , FL mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the less of the company of the less of the les	s of the he reg	istered offi company, it nited liabil	ce and the busing is hereby confiruity company or a	ess office of the registered med that the change(s)
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the age was the	cha nt we arti- ignat	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agree	s of the he reg bility of the lir imited	istered officompany, it nited liabil liability co	ice and the busing is hereby confirmity company or a company. Printed or typed anacity. I further	ess office of the registered med that the change(s) as otherwise provided in name of signee
the age was the	cha nt we arti- ignat	NEW Registered Office Address: , FL. mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law upenda member or authorized representative of a member	s of the he reg bility of the lir imited	istered officompany, it nited liabil liability co	ice and the busing is hereby confirmity company or a company. Printed or typed anacity. I further	ess office of the registered med that the change(s) as otherwise provided in name of signee

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

Signature of Registered Agent