

LD90000 79043

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(Address)

(Address)

(City/State/Zip/Phone #)

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STOCK DIVISION  
DIVISION OF CORPORATE AFFAIRS  
15 MAY - 7 AM 9:12

C.L.  
5-14-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEO SPORTS ATHLETICS, 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:

JERIAH COHEN

Name of Person

NEO SPORTS ATHLETICS, LLC

Firm/Company

710 INDUSTRY RD SUITE 1060

Address

LONGWOOD, FL 32750

City/State and Zip Code

NEOSPORTSATHLETICS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERIAH COHEN

Name of Person

at ( 407 ) 562-6022

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

☐ \$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.*

1. Name of the limited liability company: NEO SPORTS ATHLETICS, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

710 INDUSTRY RD SUITE 1060

LONGWOOD FL 32750

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

710 INDUSTRY RD SUITE 1060

LONGWOOD FL 32750

08/17/2009

L09000079043

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:  
**CORPORATION SERVICE COMPANY**

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

REGISTERED AGENTS INC

NEW Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Tampa, FL 33607

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]  
Signature of a member or authorized representative of a member

Jeriah D. Cohen  
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 605, 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]  
Signature of Registered Agent

Bill Havre - President

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

16116  
SECTION 16116 OF STATUTES  
DIVISION OF CORPORATIONS  
15 MAY -7 AM 9:12