## L09000099923

(Requestor's Name)	_						
(Address)							
( law see)							
(Address)							
(City/State/Zip/Phone #)	_						
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
	ı						

Office Use Only



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06/01/10--01027--021 \*\*25.00

DIVISION OF CORPORATION

T. HAMPTON
JUN - 2 2010
EXAMINER

## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJE	SUBJECT: GB Sports Representation, LLC  Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered (	Office Ch	ange and fee(	s) are submitted for filing.			
Please	return all correspondence concerning	this matt	er to the follo	wing:			
	Grant Brown						
	Name of Person			•			
	GB Sports Representation, L	LC					
	4779 Collins Ave #707				•		
	Address						
	Miami Beach, FL 33140 City/State and Zip Code	<del></del>					
E-n	grantbrownsports@gmail.co	m notification)	<del></del>				
For fur	ther information concerning this matt	er, please	call:				
	Grant Brown	at (	<b>112</b> )	580-2583			
	Name of Person	_		& Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, S	Section Corporations			
	Enclosed is a check for the following	ng amou	nt:				
Ţ.	\$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 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.

Name of the limited liability company:	GB SPO	RTS REPRESENT	ATION,	LLC				
2. (a) Principal office address of limited liability comp	any:	1401 BA	Y ROAD					
(Note: MUST BE STREET ADDRESS)	#210 Miami	Beach, FL 3313	<u> </u>					
(b) Mailing address of limited liability company:	"IXIIE	1401 BAY ROAD						
(Note: MAY BE POST OFFICE BOX)	#210							
	Miami	Beach, FL 33139	9					
10/16/2009		L09000099	923					
3. Date of filing/registration in Florida	4. Doci	ument number						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
Registered Agent:	<u>Grant</u>	Brown						
Registered Office Address:		1401 BAY ROAD						
	210 <u>Miami</u>	Beach, FL 33139	<u> </u>					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:		stered Office addre	<u>ess</u> :					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4779 #707	Collins Ave						
	Miami	Beach	,FL <u>33</u>	140				
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability composition.  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 comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	e Florida st lentical. Or e(s) was/we therwise pro any.	reet address of the it, in the case of a Flere authorized by arovided in the article	orida mito orida mito n affirmatives of organi	CESEVERY OF STATE				
address, I hereby confirm that the limited liability comp	oany nas be	en notijiea in writir	ig oj inis ci	iunge.				