

L10000058235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

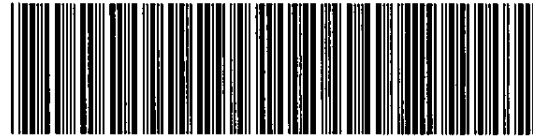
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/09/12--01013--015 **25.00

FILED

2012 OCT -9 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 10 2012

EXAMINER

TEAM PERFORMANCE PRODUCTS, LLC.

2300 Tall Pines Dr., Suite 120, Largo, FL 33771

October 5, 2012

Florida Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Re: Team Performance Products, LLC
L10000058235

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TALLAHASSEE, FLORIDA
RECEIVED

Hello:

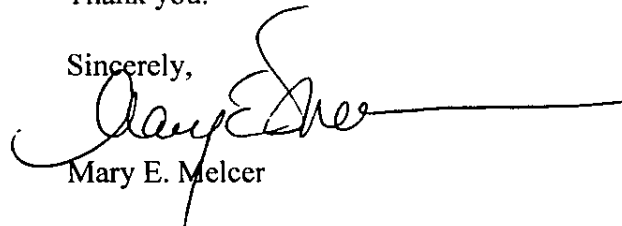
Enclosed please find for filing a "Statement of Change Of Registered Office Or Registered Agent Or Both for Limited Liability Company."

The form has been signed by Manager-Member, Allan Leffler, on behalf of the Limited Liability Company, and by Mary E. Melcer as the new Registered Agent.

Also please find enclosed Money Order # 1571364604 in the amount of \$25.00 as and for the filing fee.

Thank you.

Sincerely,


Mary E. Melcer

Enc.

MHM/lp

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Performance Products, 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:

Mary E. Melcer

Name of Person

Team Performance Products, LLC

Firm/Company

2300 Tall Pines Dr., Ste. 120

Address

Largo, FL 33771

City/State and Zip Code

mmelcer@stratixsolutions.com

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

For further information concerning this matter, please call:

Mary E. Melcer

Name of Person

at (727)

535-9653 Ext 3541

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

FILED
2012 OCT -9 AM 11:47
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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: Team Performance Products, LLC

2. (a) Principal office address of limited liability company: 2300 Tall Pines Dr., Ste. 120

(Note: MUST BE STREET ADDRESS)

Largo, FL 33771

(b) Mailing address of limited liability company: 2300 Tall Pines Dr., Ste. 120

(Note: MAY BE POST OFFICE BOX)

Largo, FL 33771

05/28/2010

L10000058235

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:

PAULTON, DARIN

Registered Office Address:

2300 Tall Pines Dr., Ste. 120
Largo, FL 33771

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

NEW Registered Agent:

Mary E. Melcer

NEW Registered Office Address:

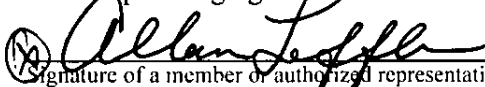
2300 Tall Pines Dr.

(MUST BE FLORIDA STREET ADDRESS)

Suite 120

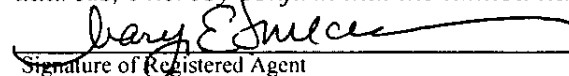
Largo, FL 33771

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 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. 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 608, 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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00