Florida Department of State Division of Corporations Flectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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LLC REGISTERED AGENT CHANGE INTERNATIONAL KICKBALL FEDERATION, LLC

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Electronic Filing Menu

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Help

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.

. Na	me of the limited liability company: The Inter	national Kickball Federation LLC
. (a)	124 HEATHER LANE	(b) 124 HEATHER LANE
. (117	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE ROX)
	DELRAY BEACH, FL 33067	DELRAY BEACH, FL 33067
	06/22/2010	L1000066297
.	Date of filing/registration in Florida	4. Document number
: ()	INCORP SERVICES, INC.	
i. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	17888 67TH COURT NORTH	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	LOXAHATCHEE FI	33470 200 HAR 25 1
	Registered Agents Inc.	1AR
(h)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	7901 4th St N	P1 2
	NEW Registered Office Address:	
	STE 300	
	St. Petersburg	_33702
he chi agenti was/w	ange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Riley Park
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mei notifje	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I d in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been at Secretary

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

Signature of Registered Agent