## 41000038519

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	CHICAGO BASEBALL ROC	PFTOPS LLC
20201		ne of Limited Liability Company
Dear S	Sir or Madam:	
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
CHRI	IS FALLOR	
	Name of Person	<del></del>
CHIC	AGO BASEBALL ROOFTOPS	
	Firm/Company	
3023	N CLARK ST #278	
	Address	<del></del>
CHIC	AGO, IL 60657	•
	City/State and Zip Code	
CHRI	S@CHICAGO-BASEBALL-ROOF	FTOPS.COM
E	-mail address: (to be used for future ann	ual report notification)
For fur	rther information concerning this matter,	please call:
CHRI	s	312-544-9790
	Name of Person	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 Tallahassec, Florida 32314
	Enclosed is a check for the following	amount:
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18	8 (2/14)	

## 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.

	me of the limited liability company: CHICAGO CHICAGO BASEBALL ROOFTOPS	(L) CHICAGO BASEBALL RO	OFTOPS
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited lia (Note: MAY BE POST O	ability company:
	561 SW 8TH ST	3023 N CLARK ST #278	
	MIAMI FL 33130	CHICAGO, IL 60657	
	March 31, 2011	L11000038519	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	SHAWN GALICIC		
J. (a)	Registered Agent and Registered Office shown on the record	-	
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	*
	MIAMI	FL_33130	14 DEC 22 SECRETAR
(b)	CHRIS FALLOR		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	
	561 SW 8TH ST		2: 56 FSTATE FLORI
	NEW Registered Office Address:		DE
	NALANAI.	22420	
	MIAMI	FL_33130	
the cha agent was/w the art	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membricles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proely reflect a change in the registered office address of in writing of the change.	s of the registered office and the business office diability company, it is hereby confirmed that ers of the limited liability company or as otherwise the limited liability company.  Printed or typed name of security of further appears.	e of the registered the change(s) vise provided in ignee
inc on	aguitoria of my postition as registered agent as pro-	The state of the s	L P.