## 111000079365

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## **COVER LETTER**

**Division of Corporations** Change of Registered Agent for ProCore Sports LLC **SUBJECT:** 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: Chester J Zoltak Name of Person ProCore Sports LLC Firm/Company 6732 Schooner Bay Cir Address Sarasota, FL 34231 City/State and Zip Code chet@procoresports.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 6597795 Chet Zoltak Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy ✓ \$25 Filing Fee

TO:

Registration Section

## 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:	ProCore Sports	LLC	
2. (a) Principal office address of limited liability compan	y: 6732 S	6732 Schooner Bay Cir	
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 3423	arasota, FL 34231	
(b) Mailing address of limited liability company:	6732 Schoo	6732 Schooner Bay Cir	
(Note: MAY BE POST OFFICE BOX)	Sarasota, FL 3423	Sarasota, FL 34231	
July 11, 2011	L11000	L11000079365	
3. Date of filing/registration in Florida	4. Document number	Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Flor	ida Dept. of State:	
Registered Agent:	Corporation Service	Corporation Service Company	
Registered Office Address:	1201 Hays Street Tallahassee, Fl 323	90 <del>≧</del> H 23 0	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CW Registered Office and Chester J Zoltak 6732 Schooner Ba		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of ntical. Or, in the case of s) was/were authorized erwise provided in the a	f the registered office f a Florida limited by an affirmative vote	
Chester J Zoltak			
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address I hereby confirm that the limited liability companions of Registered Agent	agree to act in this cap roper and complete per osition as registered as terely reflect a change in ny has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	

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