

LI 000136274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

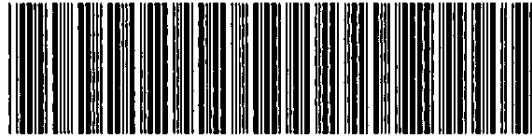
(Business Entity Name)

(Document Number)

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T. CLINE

JUN 27 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2012

DARREN HEITNER  
1060 SCARLET OAK STREET  
HOLLYWOOD, FL 33019

SUBJECT: COLLEGIATE SPORTS ADVISORS LLC  
Ref. Number: L11000136274

We have received your document for COLLEGIATE SPORTS ADVISORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 612A00015034

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Collegiate Sports Advisors, 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:

Darren Meitner

Name of Person

Collegiate Sports Advisors

Firm/Company

1060 Scarlet Oak Street

Address

Hollywood, FL 33019

City/State and Zip Code

Dheitner@CollegiateSportsAdvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Belten

Name of Person

at (732) 322-5145

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

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TALLAHASSEE, FLORIDA

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**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: Collegiate Sports Advisors

2. (a) Principal office address of limited liability company: 1060 Scarlet Oak St

(Note: **MUST BE STREET ADDRESS**)

Hollywood, FL 33019

(b) Mailing address of limited liability company:

1060 Scarlet Oak St

(Note: **MAY BE POST OFFICE BOX**)

Hollywood FL, 33019

3. Date of filing/registration in Florida: December 5, 2011

4. Document number: 611000136 274

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Mark Williams

Registered Office Address:

Business Filings Inc.

515 E. Park Ave, Tallahassee FL 32301

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

**NEW** Registered Agent:

Darren Heitner

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1060 Scarlet Oak St

Hollywood, FL

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

Jason Belzer

Printed or typed name of signer

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