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FILED
2012 DEC 31 PH 3: 32
SECRETARY OF STATE AND A SSEE, FLORIDA

J. BRYAN
JAN - 8
EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
	CITY HOOPS of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
RUSEM LEVINE Name of Person		
2000 CITY HOURS	2012 DEC 31 PM 3: 32 TALLAHASSEE, FLORID TO DE STATE TALLAHASSEE, FLORID TO DE STATE TO DE	FILEU
20565 EAST COUNTRY	1 AUS DE 4738 PR 3: 33	
MIAMI FC 3310 City/State and Zip Code	j O	
Lower Lorse (m)  A Oil City itans Constant  E-mail address: (to be used for future annual repo	port notification)	
For further information concerning this m		
Military Pignz Name of Person	at ( <u>305</u> ) <u>744 1019</u> 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 follo	owing amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
ROCK .  ROCK .  PAY TO THE ORDER OF.  DALL Bank of Amu  MEMO		

## 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. ROCK CITY HOOPS 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) EAST (b) Mailing address of limited liability company: MIRAMIR A 33027 (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SANDER BRYANT, US COPP ACENTS Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: USSIAL Leurne **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 afternative rote 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 PATTER Printed br typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further as ee 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 occument is being filed to merely reflect a change in the registered office address, Hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Ag

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

INHS18 (05/08)