## 113000109946

(Re	equestor's Name)					
(Ad	dress)					
(Ad	idress)	<del></del>				
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	e)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

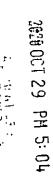




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## **COVER LETTER**

_	tration Section ion of Corporations		
SUBJECT:	East Lake High School Volleyball	Boosters LLC	
50202011	Na	me of Limited	Liability Company
Dear Sir or M	adam:		
The enclosed	Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.
Please return	all correspondence concerning t	his matter to the	e following:
Laura Aniol			
<del></del>	Name of Person		
East Lake High	School Volleyball Boosters LLC		
<u> </u>	Firm/Company		<del></del>
1300 Silver Ea	gle Drive		
	Address		
Tarpon Springs	s, FL 34688		
	City/State and Zip Code		
laniol79@gmai	1.com		
E-mail a	ddress: (to be used for future an	nual report noti	fication)
For further int	formation concerning this matter	r, please call:	
Laura Aniol		727 at (	6877406
	Name of Person		Area Code & Daytime Telephone Number
Regis Divis P.O. 1	ing Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	sed is a check for the following	g amount:	
<b>(1)</b> \$25	5 Filing Fee	<b>-</b> 9	\$55 Filing Fee & Certified Copy
INHS18 (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.

1.	Na	me of the limited liability company: East Lake High Sc	hool \	Vol	leyball Boo	osters LLC			
2. (a	a)	1300 Silver Eagle Drive		(b	1300 Silv	ver Eagle Drive	2		
(-	-, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(-	,	Mailing addres		-	
		Tarpon Springs, FL 34688			Tarpon S <sub>I</sub>	prings, FL 346	88		
		5/28/2020			468011129	ICC	-, -,		
3.		Date of filing/registration in Florida	4.	,		Document r	number		· · · · · · · · · · · · · · · · · · ·
5. (	a)	Steven Klein							
J. (	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 1300 Silver Eagle Drive				ate:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		<del>د.</del> ه	
		Tarpon Springs , FL	34688	}		<del></del>		2020 OCT	****;
(b)	o)	Laura Aniol					45001 15001	29 F	
		Enter name of NEW Registered Agent and/or NEW Registered	Office	ad	dress:	_		PX	and a
		1300 Silver Eagle Drive					ŢĨ.:	5: 04	
		NEW Registered Office Address:		-		<del>_</del>			
		Tarpon Springs, FL_	34688	}		_			
chan agen was/the a Sig / he proving the out of motif	ge twe we write of the wear th	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or authorized representative of a member on authorized representative of a member of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect a change in the registered office address, I have of Registered Agent	registe bility f the limited	ere co lim d li	ed office armpany, it is ited liability con in this car.	nd the busines is hereby con ty company of mpany.  Printed or type of the printed or type o	ss office of firmed that or as other ed name of	of the re at the ch wise pr	gistered nange(s) ovided in