L14000151600

(F	Requestor's Name)					
(Address)						
(Address)						
(1	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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2021 APR -5 PH II: 40 SECRE TALLAHASS TO 1995

D. ERUCE WAY 25 WILL

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: True North Sports Consulting	.LLC		
	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	ed Office Change an	nd fee(s) are submitted for f	iling.
Please return all correspondence concern	ing this matter to th	e following:	
Celia Slater			
Name of Person			
True North Sports, LLC			
Firm/Company			
2001 NW 27th Dr			
Address	-		
Gainesville, Fl 32605			
City/State and Zip Code			<u>[</u>
Celia@TrueNorthSports.net)
E-mail address: (to be used for future	re annual report not	ification)	
For further information concerning this m	atter, please call:		
Celia Slater	727 at (517-6764	
Name of Person	at (Area Code & Daytime	Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810
Enclosed is a check for the folio	wing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified C	Сору
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. N	lame of the limited liability company: True North Sports C	Consu	ıltin	g, LLC		
2. (a)	True North Sports Consulting, LLC (b) True No			True North	orth Sports Consulting, LLC	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2001 NW 27th Dr			2001 NW 2	7th Dr	
	Gainesville, Florida 32605			– Gainesville –	, Florida 32605	
	January 29, 2021		i	.1400015166	00	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a	CoGency Global					
(,	Registered Agent and Registered Office shown on the records of the	Flori	ida I	Dept. of State	· :	
	Registered Office Address (MUST BE FLORIDA STREET AD.	DRE.	SSI			
	115 N. Calhoun St Suite 4		,			
	Tallahassee 32	2301		_		
	Celia Slater	<u></u>				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice 2	addı	-ess:		
	True North Sports Consulting, LLC			<u></u> .		
			_			
	NEW Registered Office Address: 2001 NW 27th Dr					
	2001 NW 2701 DF					
	Gainesville FL 320	605				
agent v	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilers.	giste lity c he lir	red om mite	office and pany, it is l ed liability bility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member			Celia	a Slate. Printed or typed name of signee	
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perions of my position as registered agent as provided for elverglect a change in the registered office address. I here in writing of this change.	yorn or in 2bv c	et in ian Chi conj	.1 •		
Signatu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00