Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM * RE-SUBMIT*

Account Number : FCA000000023

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**Enter the smail address for this business entitle Of SUDMISSION annual report mailings. Enter only one email address please...

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REGISTERED AGENT CHANGE WORLD TRIATHLON CORPORATION

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Corporate Filing Menu

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October 29, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WORLD TRIATHLON CORPORATION 2701 NORTH ROCKY POINT DR. SUITE 1250 TAMPA, FL 33607US

SUBJECT: WORLD TRIATHLON CORPORATION

REF: L14193

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Teresa Brown Regulatory Specialist II FAX Aud. #: H10000236132 Letter Number: 810A00025550

RECEIVED
10 OCT 29 AM 8: 02
SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	inge is submitted for a corporation	on organized	17.1508, or 617.1508, Florida Stati under the laws of the State of <u>Flor</u> agent, or both, in the State of Flori	ids		
	the corporation: World Triathlon C	_				
2. The principal	office address: 2701 North Rocky	y Point Drive,		~~~		
3. The mailing a						
4. Date of incor	poration/qualification: 09/0	8/1989	Document number:	L14193		
	I street address of the current regi- tment of State: (If resigned, enter		and registered office on file with the	nė		
	Benjamin Fertic					
	2701 North Rock Point Drive, Suite 1250					
•	Tampa, Florida 33607					
6. The name and (if changed):	street address of the new register		changed) and for registered office	DIO OCT 28 PM SECRETARY OF ALLAHASSEE, F		
	C T Corporation System					
	c/o C T Corporation System, 1200 South Pine Island Road					
), Box NOT ucco		2: 36 TATE ORIDA		
	Plantation, Florida 33324					
as changed will	De Identical.		ess of the business office of its re			
			its board of directors or by an offi I in writing of the change.			
Marga	ng Officer					
Signature I hereby accept I further agree i of my duties, an document is bei- corporation has	the appointment as registered u o comply with the provisions of d I am familiar with and accept ang filed merely to reflect a chan been notified in writing of this	gent and agi all statutes i the obligations ge in the reg change.	Margaret Kenmey, Chief Accounting the Printed or typed name and tille tree to act in this capacity elative to the proper and completion of my position as registered againstered office address, I hereby constered office address, I hereby constered of the control	te performance vent. Or, if this onfirm that the		
	Componition System .		10/18/10	·		
Sign	isture of Registered Agent		Dave			
	half of an entity:					
	rke, Special Assistant Secretary ped or Printed Name	_				
•		ING FEE: S	35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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