

L23 000 430 430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

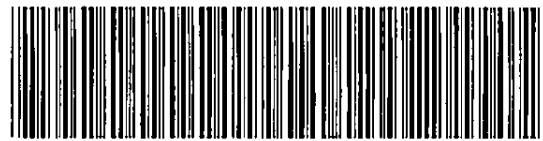
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100440984641

12/13/24--01014--005 **25.00

FILED
25 DEC 13 PM 3:54
FBI - SEATTLE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strike Zone Baseball, 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:

Anthony Sepulveda

Name of Person

Strike Zone Baseball, LLC

Firm/Company

5600 Long Shore Loop

Address

Sarasota / Florida / 34238

City/State and Zip Code

Anthony@strikezonesrq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Sepulveda

941 451-9523
at ()

Name of Person

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 Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Strike Zone Baseball, LLC

2. (a) 6207 McIntosh Rd Sarasota, FL 34238 (b) 5600 Long Shore Loop Sarasota, FL 34238
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. September 15, 2023 4. L23000430430
Date of filing/registration in Florida Document number

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

Inc Authority RA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 North Orange Ave., Suite 2300N

Orlando, FL 32801

(b) Anthony Sepulveda

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5600 Long Shore Loop

Sarasota, FL 34238

FILED
25 DEC 13 PM 3:54
TALLAHASSEE, FLORIDA

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.

Anthony Sepulveda
Signature of a member or authorized representative of a member

ANTHONY SEPULVEDA
Printed or typed name of signee

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 605, 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.

Anthony Sepulveda
Signature of Registered Agent