14410000

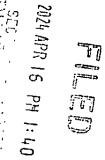
(Requestor's Name)					
(Address)					
(Address)					
(Cri	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
limils					
WIND					

Office Use Only



800427740698

04/16/24--01042--002 **55.00



COVER LETTER

A STATE OF THE STA

INHS18 (2/14)

TO:	_	tration Section ion of Corporations						
SUBJ	F∕T∙	TOP SOCCER USA LLC						
3000	EC1	Name of Limited Liability Company						
Dear S	Sir or M	adam:						
The er	nclosed	Registered Agent/Registered (Office Chan	ge and	fee(s) are submitted for filing.			
Please	return	all correspondence concerning	this matter	to the f	following:			
		JUAN RINCON						
		Name of Person						
		Firm/Company			_			
		5264 NW 89TH DR.						
		Address		<u>-</u>				
		CORAL SPRINGS, FL, 330	167					
		City/State and Zip Cod	e					
		CORNER82@HOTMAIL.C	OM					
I	E-mail a	address: (to be used for future	annual repo	rt notifi	cation)			
For fu	rther in	formation concerning this mat	ter, please c	all:				
		JUAN RINCON	at (954	3192448			
		Name of Person			Area Code & Daytime Telephone Number			
	Regis Divis P.O.	ing Address: stration Section sion 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	osed is a check for the follow	ing amount	:				
	3 \$2	5 Filing Fee		\$ \$5	5 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.

Name of the limited liability company:			TOP SOCCER USA LLC					
2. (a)	5264 NW 89TH DR CORAL SPRINGS FL 33067	(b	5264 NW	89TH DR. CORAL SPRINGS FL 33067				
2 . (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	FEB 9TH, 2024 Date of filing/registration in Florida	- - 4.		L24000074419 Document number				
5. (a)DORANNIE G GARCIA							
	Registered Agent and Registered Office shown on the records of the 5264 NW 89TH DR. CORAL SPRINGS F. Registered Office Address (MUST BE FLORIDA STREET A. 5264 NW 89TH DR. CORAL SPRING)	L 33067 <i>DDRESS</i>		2024 APR 16				
			33067	6 PH 1:40				
(b)	JUAN RINCON							
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Ö						
	5264 NW 89TH DR. CORAL SPRING	SS						
	NEW Registered Office Address:							
	, FL_	· · · · · · · · · · · · · · · · · · ·	33067					
chang agent was/w	limited liability company is not organized under the law to or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	registere pility con the limi	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in				
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee				
I hero provis the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered affice address. I held in writing of this change.	ee to act performa for in C ereby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been				
Signat	ure of Regist red Agent							

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