

MO3 000000429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

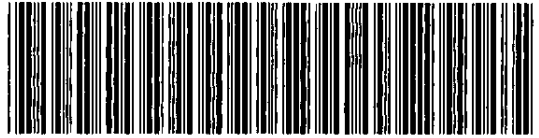
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MO3-429
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO PREDATORS FOOTBALL TEAM 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:

Ron Howse
(Name of Person)

ORLANDO PREDATORS FOOTBALL TEAM LLC
(Firm/Company)

302 S GRAHAM AVE
(Address)

ORLANDO, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Howse at (407) 709-8002
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ORLANDO PREDATORS FOOTBALL TEAM LLC
2. This entity was formed under the laws of: State of Delaware
3. This entity was authorized to transact business in Florida on 2/3/2003
and its Florida document/registration number is M03 000000429
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RON HOWSE
10524 MOSS PARK ROAD Suite 204-401
ORLANDO, FL 32852

MGRM

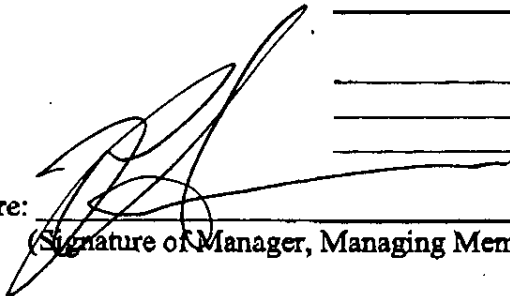
SUZETTE V. HOWSE Trustee
10524 MOSS PARK ROAD Suite 204-401
ORLANDO, FL 32852

General Manager /
President

ALAN GOOCH
302 S GRAHAM AVE
ORLANDO, FL 32803

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Required Signature: 

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Orlando Predators Football Team LLC

2. The mailing address of the limited liability company is : 302 S GRAMM AVE
Orlando, FL 32803

3. Date of filing/registration in Florida 2/3/2003

4. Document number MD3 000000429

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brett Bouchy
Name
302 S GRAMM AVE
Address
Orlando, FL 32803
City, State and Zip

6. The name and address of the new registered agent and/or office:

Ron Howse
Name
302 S GRAMM AVE
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32852
City, State and Zip

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.

[Signature]
(Signature of a member or authorized representative of a member)

Ron Howse
(Printed or typed name of signer)

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 608, 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.

[Signature]
(Signature of Registered Agent)

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