M11000004843

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

Office Use Only



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OF 100 NONS



→ 2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 17, 2017

AE: Katelynn Alexander

TO:

Registration Section Division of

H1039 REFERENCE:

1116078

Corporations

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

CITY GEAR, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please submit the attached. If available, please return filed copy via email to kaalexander@myparacorp.com and then regular mail hard copy. Thank you.

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Katelynn Alexander TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

Division of Corporations		1	
SUBJECT: CITY GEAR, LLC			
	e of Limited Liability Company		
Dear Sir or Madam:		1	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this	s matter to the following:		
Brenda Sims			
Name of Person			
City Gear LLC		1	
Firm/Company		•	
813 Ridge Lake Blvd., Ste 400		ı	
Address	· · · · · · · · · · · · · · · · · · ·		
Memphis, TN 38120			
City/State and Zip Code			
brenda.sims@citygear.com			
E-mail address: (to be used for future annua	Il report notification)		
or further information concerning this matter, p	lease call:	1	
Brenda Sims	901 345-8525		
Name of Person		time Telephone Numbe	
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 an	nount:	t	
\$25 Filing Fee	🗆 \$55 Filing Fee & Certi	fied Copy	
PHS18 (2/14)		1	

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	ame of the limited liability company: CITY GEAR,	LLC	·····		
2. (a)	CITY GEAR, LLC	(b) CITY GEAR, LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	Ma	tiling address of limite (Note: MAY BE POS	
	813 RIDGE LAKE BLVD., STE 400		813 RIDG	E LAKE BLVD.	. STE 400
	MEMPHIS, TN 38120	MEMPHIS, TN 38120			
	4/15/2016		M1100000	4843	
3.	Date of filing/registration in Florida	4.	D	ocument number	
5. (a)	CORPORATION SERVICE COMPANY			,	
·	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY Registered Office Address ONUST BE FLORIDA STREET A		•		. بسر . د
	1201 HAYS STREET	DDKI:33	2		100
		32301			THON 28 AT
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 155 Office Plaza Drive, 1st Floor <u>NEW Registered Office Address:</u>	Office add	<u> ress</u> :	,	AH 12: 19
		32301			
gent wi vas/were re articl	nited liability company is not organized under the laws go or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of a cost of organization or the operating agreement of the line.	he regist pility cor the limit mited hi	ered office an npany, it is he led liability co ability compar	d the business offi reby confirmed the impany or as other iy.	ce of the registered at the change(s) wise provided in
<u> 1500</u>	e of a member or authorized representative of a member	<u> 13a</u>	rbara	Banks nted or typed name of:	
hereby rovisiór ie obligi merely	accept the appointment as registered agent and agree as of all statutes relative to the proper and complete peations of my position as registered agent as provided for reflect a change in the registered office address, I here writing of this change. Milton Vong, Assistant S	to act in erformation in Ch reby con	n this capacity ace of my dution apter 605, F., firm that the i	, ,	
ignature (of Registered Agent	2001016	y		

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