Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SPORT SURFACE SPECIALTIES, LLC

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Help

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	lame of the limited liability company: Sport Surface Spec	cialties.	, LLC		
2. (a)	no change	(b) no change			
,	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.	05/18/2017 Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	M17000004	265 Document number	
5. (a)	Registered Agent and Registered Office shown on the records of th		<u> </u>	. ::	
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRES</u>	<u>(S)</u>		
	TALLAHASSEE ,FL 3	2301		19 JAK	
(b)		_		JAN IT AH 8:	
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	<u>ldress</u> :	SEC	
	C T Corporation System			7 0 0	
	NEW Registered Office Address:			OR 55	
	1200 South Pine Island Road			*	
	Plantation , FL 3	3324			
ine cha agent v was/we	imited liability company is not organized under the laws nge or changes are made the Florida street address of the vill be identical. Or, if the case of a Florida limited liab- tre authorized by an affirmative vote of the members of the cles of organization of the operating agreement of the linguistics.	ie regi: ility co the lim	stered office ompany, it is sited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Ciana		Jenn	ifer Kurz, Ma	_ 	
l herel provisione he obli o mere notifica	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all staplites relative to the proper and complete pergations of my position as registered agent as provided for the proper and complete pergistered agent as provided for the reflect a change in the registered office address, I here in writing of this change proposition System		in this capa ance of my d Chapter 605, onfirm that th	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
CT Corporation System Alfred Younan Signature of Registered Agent Assistant Secretary					
				•	

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

By: