Division of Corporations

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O SIMMONS MAR 1 1 2020

## 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.

I. Na	nme of the limited liability company: 3 Step Sports LLC				<del></del>	
2. (a)	Principal office address of limited liability company:	(	o)			<del></del>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabil (Note: MAY BE POST OFF		
	200 Ballardvale St., Bldg 2., Flr 3		200 Ballardvale St., Bldg 2., Flr 3 Wilmington, MA 01887			
	Wilmington, MA 01887	_				
	11/05/2019		м19000010	715		
3.	Date of filing/registration in Florida	4.		Document number		
<i>=</i> ()	VCORP SERVICES, LLC					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			- 20 20 20	2020 MAR	
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]			- :		
	5011 SOUTH STATE ROAD 7, SUITE 106			·	0	•
	DAVIE, FL	33314	3314		PHI	<del>ا د ده ا</del> تو به
(b)	C.T. Corporation System				PM 12: 22	· 200
	Enter name of NEW Registered Agent and/or NEW Registered	Officen	<u>ddress</u> :	_		
	NEW Registered Office Address:					
	1200 South Pine Island Road			_		
	Plantation, FL	33324		_		
the chagent	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability of the li limited	gistered offic company, it i mited liabili	is hereby confirmed that to ty company or as otherwise mpany.	the char	rec(s)
Sign	nature of a member or authorized representative of a member	_	<u> </u>	Printed or typed name of sig	nee	
I her provi the oil to me	why accept the appointment as registered agent and ages is ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide reflect a change in the registered office address, I led in writing of this change.  CT Corporation System	ed för i hereby	ect in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to chirles, and I am familian 05, F.S. Or, if this docume t the limited liability com	comply r with a ent is be pany ho	with the nd accep ging filed is been
	ture of Registered Agent					

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