

**M19000020715**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3 STEP SPORTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: 3 Step Sports LLC

Enter new principal office address, if applicable: 300 Brickstone Sq

(Principal office address  
MUST BE A STREET ADDRESS) Andover, MA 01810

Enter new mailing address, if applicable: 3 Step Sports LLC

(Mailing address  
MAY BE A POST OFFICE BOX) 300 Brickstone Sq  
Andover, MA 01810

2. The Florida document number of this limited liability company is: M19000010715

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/05/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ *Enter Florida Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_, *Florida* \_\_\_\_\_ *Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 605, 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.*

If Changing Registered Agent, Signature of New Registered Agent

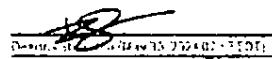
1004 JUN 13 PM 2:03  
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Greg Waldbaum	300 Brickstone Sq	<input checked="" type="checkbox"/> Add
		Andover, MA 01810	<input type="checkbox"/> Remove
Manager	Tricia Michaels	300 Brickstone Sq	<input type="checkbox"/> Add
		Andover, MA 01810	<input checked="" type="checkbox"/> Remove
Manager	John Gilchrist	300 Brickstone Sq	<input checked="" type="checkbox"/> Add
		Andover, MA 01810	<input type="checkbox"/> Remove
Manager	Deanna Sheridan	300 Brickstone Sq	<input checked="" type="checkbox"/> Add
		Andover, MA 01810	<input type="checkbox"/> Remove
Manager	Tania King	300 Brickstone Sq	<input type="checkbox"/> Add
		Andover, MA 01810	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

DEANNA SHERIDAN, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00