

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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NEW FILINGS Profit	AMENDMENTS Amendment Second
 Not for Profit Limited Liability Domestication Other 	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Amendment Construction Constr
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other RARO Charse
	Examiner's Initials (10)

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida	Statutes,
the undersigned corporation organized under the laws of the State of Flor IQ	w hoth in
submits the following statement in order to change its registered office or registered agent, of the State of Florida.	- DOIN, IN
1. The name of the corporation: Naples Elite Allstar Cheerleading Boos	ster .
Club, Inc.	-
2. The mailing address of the corporation: POST OFFICE BOX 9756	
Naples, Florida 34101-9756	
1 1	
-	<u> </u>
4. The name and address of the current registered agent and office:	
<u>Leslie A. Lehmann</u>	
3551 Westview Dr., Suite 201	
Naoles, FL 34104	
5. The name and address of the new registered agent (if changed) and/or registered office (if ch	anged):
(P. O. Box Not Acceptable)	
Lollen Temanas	
<u>2281 49 teck. S.Wa</u>	
Nagles, 71, 34116	-
The street address of its registered office and the street address of the business office of its reagent, as changed, will be identical.	gistered
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board.	icer so
College to mande President	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Colleen ternandez President	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this call 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 obligation of my position as	pacity. ete
registered agent.	_
(Signature of Registered Agent) (V) 12 0 1 (Date)	OI DI
If signing on behalf of an entity:	
	FILED SION OF CORPO DEC 13 PM
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	RATION 1: 52
CD2E045(0/00)	₹ \$ [™]

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS