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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Wesley Chapel Tackle Football & Cheer, Inc.

Name of Corporation

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Calloway

Name of Contact Person

Wesley Chapel Tackle Football & Cheer, Inc.

Firm/Company

29850 Prairie Falcon Drive

Wesley Chapel, FL 33545
City/State and Zip Code

shawn@kclc.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Calloway

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

_		617.0502, 607.1508, or 617.1508, Florida St	
-	-	n organized under the laws of the State of F	
		r registered agent, or both, in the State of Fl	
		apel Tackle Football & Che	er, Inc
2. The principal	office address: 29850 Prai	rie Falcon Drive	
Wesley	Chapel, FL 33544	A	
3. The mailing a	ddress (if different): PO Box	7557	
Wesle	/ Chapel, FL 33545		
4. Date of incorp	oration/qualification: 4/30/2	Document number: NO100	00003114
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with resigned)	n the
	Shawn Calloway		
	30349 Princess Bay	/ Drive	
	Wesley Chapel, FL	33545	· dtd
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered offic	7 HA 22
	Shawn Calloway		2 3
	29850 Prairie Falco		1 × 5
		Box NOT acceptable	<u>.</u> 4
	Wesley Chapel, FL	33345	
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an of seen notified in writing of the change.	fficer so
JOCQ Signatu	e of an officer or director	Shawn Calloway, Dire	ector
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered as o comply with the provisions of my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and comp h and accept the obligation of my position o to reflect a change in the registered office	is registered
		5/10/2017	
_	nature of Registered Agent	Date	
If signing on be	nalf of an entity:		
Ty	ped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *