N02000006373

| (Requestor's Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

RAChy.

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------|---|
| SUBJE | CT: Sarasota Thunder Incorporated (Name of Corporation) |
| DOCU | MENT NUMBER: N02000006373 |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | |
| | Tanaye Goehring |
| | (Name of Contact Person) |
| | |
| | (Firm/Company) |
| | * |
| | 1672 Mellon Way |
| | (Address) |
| | Sarasota, Florida 34232 (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| | |
| Tane | (Name of Contact Person) at (941) 232-9861 (Area Code & Daytime Telephone Number) |
| | |
| Enclose | ed is a \$35.00 check made payable to the Department of State. |
| | |
| | Mailing Address: Street Address: Amendment Section Amendment Section |
| | Division of Corporations Division of Corporations |
| | P.O. Box 6327 Clifton Building |
| | Tallahassee, FL 32314 2661 Executive Center Circle |

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

| statement of ch | hange is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>Florid</u> registered agent, or both, in the State of Florida. | |
|--------------------------------|---|---|--------------------------------|
| 1. The name of | f the corporation: Sarasota S | Thunder Inc. | ···· |
| 2. The principa | al office address: <u>15180_Fruit</u> | tville Road, Sarasota Florida. | 34340 |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | orporation/qualification: 8-21-20 | 002 Document number:N020000637 | 3 |
| | nd street address of the current registe artment of State: | ered agent and registered office on file with the | |
| | Robert M. Leutholt | | 2 = |
| ` | 15180 Fruitville Ro | ad, Sarasota Florida 34240 | 2006 HAY 16 |
| 6. The name ar (if changed) | • | d agent (if changed) and /or registered office | NH 9: 07 |
| | Tanaye Goehring | | 2 |
| | 1672 Mellon Way, Sam (P.O. Box NOT acc | rasota Florida 34232 copuble) | |
| | (941) 232-9861 | | |
| as changed wi | ill be identical. | street address of the business office of its registered | agent, |
| Such change variorized by | was authorized by resolution duly at the board, or the corporation has be | dopted by its board of directors or by an officer so een notified in writing of the change. | |
| (Sign | ature of an officer or director) | Robert M. Leutholt (Printed or typed name and title) | <u></u> |
| aocument is o | ot the appointment as registered age e to comply with the provisions of a and I am familiar with and accept th eing filed merely to reflect a change as been notified in writing of this ch | ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm t hange. | rmance ; if this hat the |
| Janay | Signature of Registered Agent) | 5-5-06 (Date) | |
| If signing on 1 | behalf of an entity: | | |
| TANAYE : | T. GOEHRING (Typed or Printed Name) | | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)