## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSH ROSS, P.A. Account Number: I19990000150

Phone Fax Number ; (813)224-9255

: (813)223-9620

215.062

### REGISTERED AGENT CHANGE

#### FLORIDA ELITE BASKETBALL, INC.

Certificate of Status	0
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4/29/2008

#### **COVER LETTER**

To: Amendment Section Division of Corporation	ons			
SUBJECT:		Basketball, Inc.		
	(Name of Cor	poration)		
DOCUMENT NUMBER:_	N020000071	87		
The enclosed Statement of Cl Please return all corresponder	nange of Registered Cace concerning this m	Office/Agent and fee are submitted for filing. atter to the following:		
	Celeste Pe	errino		
(Name of Contact Person)				
Bush Ross, P.A.				
(Firm/Company)				
	1801 North F	Highland Avenue		
(Address)				
	Те Б	li4. 22602		
<del>_</del>	(City/State and	lorida 33602 Zip Code)		
	(010), 5 (010)	,,,		
For further information conce	ming this matter, ple	ase call:		
Celeste Perrino	at (	813 ) 204-6425		
(Name of Contact Per	son)	(Area Code& Daytime Telephone Number)		
Enclosed is a \$35.00 check m	nade payable to the D	epartment of State.		
	g Address:	Street Address:		
<del></del>	Iment Section	Amendment Section		
	on of Corporations	Division of Corporations		
	ox 6327	2661 Executive Center Circle		
Tallah	assee, FL 32314	Tallahassee, FL 32301		

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation:	Florida Elite Basketball, Inc.
2.	The principal office address:	5013 Silver Charm Terrace, Wesley Chapel, FL 33544
3.	The mailing address (if different):	P. O. Box 7431, Wesley Chapel, FL 33543
4.	Date of incorporation/qualification:	09/19/2002 Document number: N02000007187
5.	The name and street address of the ca Florida Department of State:	arrent registered agent and registered office on file with the
	Randy K. Ster	
	220 S, Frankl	in Street TAS 200
	Tampa, FL 3	3602
6.	The name and street address of the n (if changed):	in Street  3602  aw registered agent (if changed) and /or registered office AFR 29
	Bush Ross Re	gistered Agent Services, LLC
	1801 North H	la 33602
	<u>Tampa, Florid</u>	a 33602
	te street address of its registered office changed will be identical.	and the street address of the business office of its registered agent,
ķγ	ch change was authorized by resolution the board, or the corporation has been	_ •
	(Signature of an officer or direct	Randy K. Sterns, Director
.(	· · - )	
I fi of doi	urther agree to comply with the provi my duties, and I am familiar with an	tered agent and agree to act in this capacity.  sions of all statutes relative to the proper and complete performance d accept the obligation of my position as registered agent. Of, if this t a change in the registered office address, I hereby confirm that the of this change.
	4	4/22/08
	(Signature of Registered Agent)	(Date)
	signing on behalf of an entity:	
_(	Water N. Karrio	
	(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, TALLAHASSEB, FL 32314

CR2E045 (8/05)