

N03000002952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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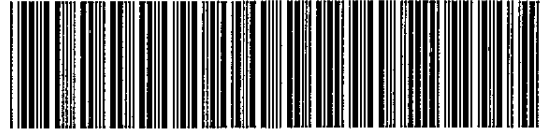
(Business Entity Name)

(Document Number)

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03 SEP 17 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capital City BMX
(Name of corporation)

DOCUMENT NUMBER: No 300000 2952

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:

Steve Sheridan
(Name of person)

Capital City BMX
(Name of firm/company)

2292 Tusculum Road
(Address)

Tallahassee FL 32312
(City/state and zip code)

For further information concerning this matter, please call:

Steve Sheridan at (850) 668-3770
(Name of person) (Area code & daytime telephone number)

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
409 E. Gaines Street
Tallahassee, FL 32399

**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, 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: Capital City BMX, INC.
2. The principal office address: 501 Easterwood Road
Tallahassee FL 32312
3. The mailing address (if different): 2292 Tuscvilla Road
Tallahassee FL 32312
4. Date of incorporation/qualification: 4-7-03 Document number: No 3000002952
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Steve Sheridan
2292 Tuscvilla Rd.
Tallahassee FL 32312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rick Miller
4254 Little Osprey Dr.
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee FL 32303

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

STEVE SHERIDAN
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

9/14/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314