NO.4.000008417

(Red	questor's Name)	
(Ádo	dress)	
(Add	dress)	
(City	/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		ĺ

Office Use Only



400054676554

O5 MAY 23 PH I2: 51

05/23/05--01056--007 **35.00

gr RA

COVER LETTER

TO: Amendment Section			
Division of Corporations			
SUBJECT: LST Booster Club, Inc.			
(Name of corporation)			
DOCUMENT NUMBER: N04000008417			
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:			
Oscar Luisis, President			
(Name of contact person)			
LST Booster Club, Inc. (Firm/Company)			
4245 NW 98 Way			
(Address)			
Sunrise, Florida 33351			
(City/state and zip code)			
For further information concerning this matter, please call:			
Oscar Luisis (Name of contact person) at (954) 578 - 190 (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed 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 Tallahassee, FL 32314 409 E. Gaines Street Tallahassee, FL 32399			

CR2E045(6/04)

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	
1. The name of the corporation: LST Booster Club, Inc.	_
The hance of the corporation: Veteran's Park Pool, 7600 NW 50 Street, Lauderhill, Florida 33351	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: August 21, 2004 Document number: N04000008417	_ _
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Michael Love	
4310 NW 97 Avenue	
Sunrise, Florida 33351 Sunrise (School 2) A S S S S S S S S S S S S S S S S S S	***
b The name and street address of the new registered agent (1) changed) and for registered office — co-c	****
(if changed): Oscar Luisis Oscar Luisis	1
4245 NW 98 Way	
(P.O. Box NOT acceptable)	
Sunrise, Florida 33351	
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.	
PRECIDENT	
(Frinted 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.	
April 19,2005	
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity:	
(Typed or Printed Name)	

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