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SECRETARY OF STATE
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Por Change 10/09/06 Dc

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: Boun Raton High Swimt Dive Team, J
2. The principal office address: 1501 NW 15th Count BOCA RATON, FLON: DA 33486
3. The mailing address (if different):
5. The haming address (it different).
4. Date of incorporation/qualification: June 8, 200 b Document number: No 600000 6230
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Teresa Roman Filings, Inc
2222 Duly the stand
5+3d Northwest 16" street
Ff. Landerdole, PC 33311 Fg &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ERIC Hill
1501 NW 15th Court 25 8
Bocallaton 7 3348C
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.
(Sugar Culling & Treasurer (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 of Registered Agent) 10/1/0 (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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