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Certified Copies	Certificates	s of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Running Tigers Track Club, Inc.					
SUBJECT: RUNNING TIGERS TRACK Club, Inc. Name of Corporation					
DOCUMENT NUMBER: N0700004085					
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:					
—					
Eric White Name of Contact Person					
Name of Contact Person					
Running Tigers Track Club, Inc.					
Firm/Company					
•					
4504 North 20th Street					
Address					
$oldsymbol{\cdot}$					
Tampa, FL 33610-6163					
Tampa, FL 33610-6163 City/State and Zip Code					
bluonitro?@vorizon.not					
bluenitro3@verizon.net E-mail address: (to be used for future annual report notification)					
E-mail address. (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Eric White at (813) 368-8841					
Eric White at (813) 368-8841 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:					
Mailing Address: Amendment Section Street Address: Amendment Section					
Division of Corporations Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a c	orporation organized	07.1508, or 617.1508, Flor under the laws of the State agent, or both, in the State	e of Florida		
1. The name of	the corporation: Runn	ing Tigers Trac	ck Club, Inc.			
2. The principal	office address: 4504 I	North 20th Street,	, Tampa, FL 33610-6	163		
3. The mailing a	address (if different):_SE	ame as above				
4. Date of incor	poration/qualification: _	April 23, 2007	_ Document number:	N07000004085		
	d street address of the curtment of State: (If resig		and registered office on fi	le with the		
	Felicia Wells (resi	gned)				
	1201 North Parson Avenue,					
	Seffner, FL 33584	,				
6. The name and (if changed):	d street address of the ne	ew registered agent (if	changed) and /or registere	FILED JUN 16 AM 10: 46 LAHASSEF, FLORIB		
	10144 Arbor Run	Drive Unit 12.		O: L		
	P.O. Box NOT acceptable					
	Tampa, FL 33647					
The street address changed will	ess of its registered offi I be identical.	ice and the street add	ress of the business office	e of its registered agent,		
Such change wanthorized by	as authorized by resolu he board, or the corpor	tion duly adopted by	its board of directors or led in writing of the chang	by an officer so e.		
Stillmett	ire of an officer or director	ito -	Eric White, F	President e and title		
I further agrée	to comply with the proj	visions of all statutes	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	d complete performance-		
A/K	gnature of Registered Agent		05/17/2	010		
	ehalf of an entity:		Date			
ப அதியித் பி ப	and or an only.					
	Typed or Printed Name					

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