

N 11 00000 2980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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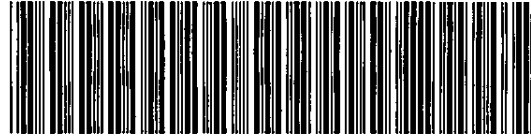
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TREASURE Coast Youth Baseball, Inc.  
Name of Corporation

DOCUMENT NUMBER: N/11000002980

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:

MARK A. Johnson  
Name of Contact Person

TREASURE Coast Youth Baseball, Inc.  
Firm/Company

4681 JORGENSEN Road  
Address

Ft. PIERCE, FL 34981  
City/State and Zip Code

Johnson 9632 @ bellsouth.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

MARK A. Johnson at ( 772 ) 370-7040  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: TREASURE COAST YOUTH BASEBALL, INC.  
2. The principal office address: 2301 ORANGE AVE, FORT PIERCE,  
FL 34950  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 3-23-11 Document number: N11000002980

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

P. DALE BOYD  
2301 ORANGE AVE  
FT. PIERCE, FL 34950

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARK A. JOHNSON  
4681 JORGENSEN ROAD  
FT. PIERCE, FL 34981

P.O. Box NOT acceptable

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.

McA. Johnson  
Signature of an officer or director

Mark A. Johnson Director  
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.

McA. Johnson  
Signature of Registered Agent

8/18/14  
Date

If signing on behalf of an entity:

Mark A. Johnson  
Typed or Printed Name

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