N11000003012

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH PORT HUSKYS ATHLETIC ASSC
Name of Corporation

DOCUMENT NUMBER: N11000003012

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:

Deborah Ann Ismail
Name of Contact Person

NORTH PORT HUSKYS ATHLETIC ASSC
Firm/Company

7957 TROPICAIRE BLVD
Address

NORTH PORT, FL 34291
City/State and Zip Code

debbieismail@rocketmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: 941-628-8882 - SEAN

Deborah Ismail at (443-) 993-1238 - Deborah
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

CR2E045 (03/12)

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: North Port HusKys Athletic Assc
2. The principal office address: 4411 Mongite Road
   North Port, FL 34287
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 3/23/2011 Document number: W 11 00000 3012
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)

   Bruce Cody
   4411 Mongite Road
   North Port, FL 34287

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

   Deborah A. Ismail
   7957 Tropicaire Blvd
   P.O. Box NOT acceptable
   North Port, Florida 34291

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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.

D. Ismail — Deborah Ismail
Signature — 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.

D. Ismail — 9-30-12
Signature of Registered Agent — Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (03/12)