

N1300000D6778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

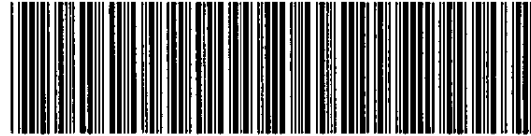
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800274913908

07/13/15--01041--018 **35.00

2015 JUL 27 PM 2:54
DIVISION OF REVENUE
TREASURY

R A / R O / C H 8

JUL 27 2015

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LADY CANES SOFTBALL, INC.
Name of Corporation

DOCUMENT NUMBER: N 13000006778

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:

ROBERT WHIPPLE

Name of Contact Person

Firm/Company

6837 TORCH KEY ST.

Address

LAKE WORTH, FL 33467

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT.WHIPPLE@IRONMOUNTAIN.COM at (954) 931-5045
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

ROBERT WHIPPLE
6837 TORCH KEY ST.
LAKE WORTH, FL 33467

SUBJECT: LADY CANES SOFTBALL INC
Ref. Number: N13000006778

We have received your document for LADY CANES SOFTBALL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 515A00014840

RECEIVED

JUL 27 PM 2:37

DEPARTMENT OF
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

**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: LADY CANES SOFTBALL, INC.
2. The principal office address: 6837 TORCH KEY, ST. LAKE WORTH, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/26/13 Document number: N13000006778
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)

JAMES J THROCKMORTON

7947 PARSONS PINE DR.

BOYNTON BEACH, FL 33437

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

ROBERT WHIPPLE

6837 ~~BOYNTON~~ TORCH KEY ST.

P.O. Box NOT acceptable

LAKE WORTH, FL 33468

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.

[Signature]
Signature of an officer or director

Robert Whipple President & RA
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

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)