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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: South Florida Baseball Club, Incorporated

Name of Corporation

DOCUMENT NUMBER: N13000008001

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:

Dimas Rodriguez

Name of Contact Person

South Florida Baseball Club, Inc.

Firm/Company

10940 NW 24th Street

Address

Coral Springs, FL 33065

City/State and Zip Code

dimas@southfloridabaseballclub.com

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

For further information concerning this matter, please call:

Dimas Rodriguez

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 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 1. The name of the corporation: South Florida Baseball Club, Incorporated | | |
| 2. The principal office address: 10940 NW 24th Street Coral Springs, FL 33065 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 09/01/2013 Document number: N130 | 00008001 | |
| 5. The name and street address of the current registered agent and registered office on file v Florida Department of State: (If resigned, enter resigned) | vith the | |
| Dimas Rodriguez | 13 B | 1350 1360 1360 |
| 6130 NW 41st Drive | 13 OCT 10 | ETAR F |
| Coral Springs, FL 33067 | | 38.03 40. 77 |
| 6. The name and street address of the new registered agent (if changed) and /or registered or (if changed): | office 45 | STATE |
| Dimas Rodriguez | _ | 77 |
| 10940 NW 24th Street | | |
| P.O. Box NOT acceptable | - | |
| Coral Springs, FL 33065 | - | |
| The street address of its registered office and the street address of the business office of its changed will be identical. | its registered agen | ıt, |
| Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change. | officer so | |
| Domne Rolling | | |
| Signature of an officer or director Printed or typed name and to | | |
| 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 conperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered offinereby confirm that the corporation has been notified in writing of this change. | mplete n as registered ce address, I | |
| 10.8.2013 | 3 | |
| Signature of Registered Agent Date | | |
| If signing on behalf of an entity: | | |
| Typed or Printed Name | | |
| * * * FILING FEE: \$35.00 * * * | | |