

9/10/24, 8:00 AM

N14 000003549

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : FOLEY & LARDNER  
Account Number : I1998000047  
Phone : (407)423-7656  
Fax Number : (407)648-1743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lmoore@kavaliro.com

REGISTERED AGENT CHANGE  
KICK OFF FOR KIDS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED  
2024 SEP 10 AM 9:15  
TALLAHASSEE, FL  
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# 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.

- The name of the corporation: Kick Off for Kids, Inc.
- The principal office address: 12612 Challenger Parkway, Suite 400, Orlando, Florida 32826
- The mailing address (if different): \_\_\_\_\_
- Date of incorporation/qualification: 4/10/2014 Document number: N14000003549
- 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)

F & L Corp.

One Independent Drive, Suite 1300

Jacksonville, Florida 32202

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

Lisa Moore

12612 Challenger Parkway, Suite 400

P O Box NOT acceptable

Orlando, Florida 32826

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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.

Lisa Moore  
Signature of an officer or director

Lisa Moore, President

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.

Lisa Moore  
Signature of Registered Agent

9/9/2024

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

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