114000010759

(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:	
Incorrect form	
	J

Office Use Only



600412725966

87/25/23--01021--009 **35.00

79/3 SET 22 MH 8: 23

· . LUL3

COVER LETTER

Division of Corporations
SUBJECT: SPHS Baseball, Inc. Name of Corporation
DOCUMENT NUMBER: N14000010759
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:
Elana Gollan Name of Contact Person SPHS Baseball, Inc. Firm/Company 7360 SW SM Street Address Plantal FL 33317 City/State and Zip Code Sph Spaladin baseball Camalicem E-mail address: (to be used for future annual report notification)
Plantation FL 33317
City/State and Zip Code / School ad in base had a mail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Elana Gollan at (954) 646610 Name of Contact Person Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: SPHS Baseball, Inc. 2. The principal office address: 7360 SW 5th Street Plantation FL
3. The mailing address (if different):
3. The mailing address (if different): 4. Date of incorporation/qualification: 11 21 2014 Document number: N140001075
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)
Evin Thomas
6545 SW 20th Cart
Erin Thomas 6545 SW 20th Cart Plantation FL 33317
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Wessa Velocci
921 NW 17th Street P.O. Box NOT acceptable Plantation FL 333322
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 of an officer or director Elma Gollan 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 performanc 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.
Musia Valocci Signature of Registered Agent 9/12/2-023
If signing on behalf of an entity:
VanUSSa Velocei Typed or Printed Name

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



August 25, 2023

ELANA GOLLAN 7360 SW 5TH STREET PLANTATION, FL 33317

SUBJECT: SPHS BASEBALL, INC Ref. Number: N14000010759

We have received your document for SPHS BASEBALL, 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 form you submitted is for a PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE REGISTERED OFFICE OF REGISTERED AGENT, OR BOTH, but your entity is a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REISTERED AGENT OR BOTH FOR CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 823A00019835

2Eb 3 5 5053