N16000007568

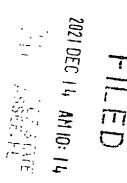
| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
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C. BRUMBLEY

COVER LETTER

TO:

| TO: Ame Divis | endment Section sion of Corporations | • | |
|----------------------------|---|---|--|
| SUBJECT: \(\) Name of Cor | Victory Kid Sports Foundation, TVC | | |
| DOCUMEN | T NUMBER: N16000007568 | | |
| The enclosed | Statement of Change of Registered | Office/Agent and fee are submitted for filing. | |
| | all correspondence concerning this | Ţ | |
| Dr Melissa Pa | utton | | |
| Name of Cor | ntact Person | | |
| · · | ports Foundation, Inc. | | |
| Firm/Compa | ny | | |
| 4725 N Courte | enay Parkway | | |
| Address | | | |
| Merritt Island, | , FL 32953 | | |
| City/State an | d Zip Code | | |
| | billing@victorykidsports.org | | |
| E-mail addr | ess: (to be used for future annual | report notification) | |
| For further in | nformation concerning this matter, pl | lease call: | |
| Dr Melissa Pa | itton or Cheryl Combs | at (321)216-2011 | |
| | Name of Contact Person | at (321)216-2011 Area Code & Daytime Telephone Number | |
| Enclosed is a | s \$35.00 check made payable to the I | Department of State. | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | The Centre of Tallahassee | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

CR2E045 (04/13)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| 1. The name of | the corporation: Victory Kid Sports Foundation, Inc. |
| 2. The principal Merritt Island, Fi | office address: 4725 N Courtenay Parkway |
| 3. The mailing a | address (if different): |
| 4. Date of incorp | poration/qualification: 7/25/2016 Document number: N16000007568 |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) |
| | Melissa Patton |
| | 3727 Province Drive |
| | Melbourne, FL 32935 |
| 6. The name and (if changed): | Melbourne, FL 32935 Street address of the new registered agent (if changed) and /or registered office |
| | Melissa Patton |
| | 4725 N Courtenay Parkway |
| | P.O. Box NOT acceptable Merritt Island, FL 32953 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| - M | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change. Melissa Patton Printed or typed name and title |
| I hereby accent | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance id I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change. |
| Sig | nature of Registered Agent 12/9/2021 Date |
| If signing on be | half of an entity: |
| Melissa Patton | |
| T | yped or Printed Name |

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