K. LOCKE 3456 ROCKY Sup Pl. COCOL Fl. 32926

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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CR2E031(7/97)

Examiner's Initials

T BROWN JUN 1 7 2002

## 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,
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation: COCOQ SOCCER Club, Inc.
2. The mailing address of the corporation: 3456 Rocky Gap Pl.
COCOA . F/. 32926
3. Date of incorporation/qualification: 12/29/1986 Document number: 18484
4. The name and address of the current registered agent and office:
Martin Koivu
5100 Dalchurst Dr.
COCOR F1: 32926
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
- Locke
3456 Rocky Gap pl.
COCOA F1: 32976
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.
(X a A = 6/1/07
(Signature of an officer, chairman or vice chairman of the board) (Date)
Karin Locke, President
(Printed or typed name/and title)  Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and to accept service of process for the above stated
Inving been hamed as registered agent and to accept service of process for the above stated corporation, 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.
registered agent.
(Signature of Registered Agent)
(Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)