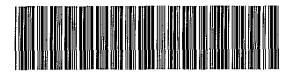
N93000005677

(Requestor's Name)
(Address)
(Address)
· · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Socialises Lines)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200062243702

12/19/05--01054--001 **35.00

FILED

05 DEC 19 AM ID: 10

SCURETARY OF STATE
ALLAHASSEE FINAL

or in

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.
1. The name of the corporation: NORTH PAIM BEACH County Little LEAGUE Inc
2. The principal office address: 4552 THORNWOOD Circle
Palm BEACH GARDENS, C1 33418
3. The mailing address (if different): P. D. Box 14682
WORTH Palm BEACH, F1 33408
4. Date of incorporation/qualification: 12-14-1993 Document number: N 9300005677
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
GONZALEZ, ANY ES SI
133 BARBADOS DRIVE PRE TI
Jupiter F1 33458 5 F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PALM BEACH GARDENS, F1 33418
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.
Estimature of an officer of director) JOHN (Printed or typed name and type)
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.
Signature of Registered Agent) DECember 12 Zoo.
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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