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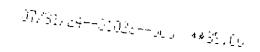
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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Land O Lakes Eightning Swim Team Name of Corporation
DOCUMENT NUMBER:
Name of Contact Person Land Olakes Lightning Swim Team Firm/Company Address Littz Pt 33749 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Day Contact Person at (727) 2823907 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

CR2E045 (04/13)

COVER LETTER

TO:

Amendment Section

Division of Corporations
SUBJECT: Land O Lakes Eightning Swim Team Name of Corporation
DOCUMENT NUMBER: N9400004229
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:
Name of Contact Person Land Olakes Lightning Swim Team Firm/Company 23110 SP54 PMB #343 Address Lutz, FL 33549 City/State and Zip Code Feaguatics directus Camail 1000 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darce Dedaina at 727, 2823907 Name of Contact Person at 727, 2823907 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

CR2E045 (04/13)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Land O Lakes Eightning Swim Team Name of Corporation
DOCUMENT NUMBER: N940004279
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:
Name of Contact Person Land Olakes Lightning Sum Team Firm/Company 23110 SR54 PMB #343 Address Litz Ft 33549 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dave Dedding at 727 2823907 Name of Contact Person Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Mulliber

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

CR2E045 (04/13)

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 1700 classical in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>UNA OLUKES LIGHTING SWIM TEAM</u> 2. The principal office address: <u>231DSR54</u> PMB#343 LUTZ, PL 33549
3. The mailing address (if different): 1
4. Date of incorporation/qualification: 8125/1994 Document number: N9400004227
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)
Michael Spielberger - resigned 28439 Bennington Dr Wesley Chapel, Pl 33544
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Darcee Redding - CDD 1218 5 Louislang Ave P.O. Box NOT acceptable Tampin, FL 33403
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. Day Cle Dading CV 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. The provision of the proper and complete performance 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. The property of the property o
If signing on behalf of an entity: Daycee Dedding 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