

(Address)	300079984353
(City/State/Zip/Phone #) PICK-UP	06 SEP 21 PM 2: 15 SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

Nairsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	of Florida
I. The name of the corporation: Lincoln High Quarterback Club, Inc.	,
2. The principal office address: 3838 Trojan Trail	
Tallahassee, FL 32311	
3. The mailing address (if different): P.O. Box 16572	
Tallahassee, FL 32317	
4. Date of incorporation/qualification: 11/19/1996 Document number: N960)00005914
5. The name and street address of the current registered agent and registered office on file Florida Department of State:	with the
Tico Gimbel	
5136 lle De France	TAS 0
Tallahassee, FL 32308	ECR SE
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	m-<
Tico Gimbel	PM 2: OF STV E.FLO
2618 Centennial Place	NATE
(P.O. Box NOT acceptable)	— ▶
Tallahassee, FL 32308	_
The street address of its registered office and the street address of the business office of as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Wile (Signature of an officer or director) MIKE COCKER! (Printed or typed name a	
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 of my duties, and I am familiar with and accept the obligation of my position as registe document is being filed merely to reflect a change in the registered office address, I he corporation has been notified in writing of this change.	complete performance ered agent. Or, if this ereby confirm that the
Amile 9-20	-06
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Tico Gimbel	
('iyped 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