

N98000007126

(Requestor's Name)

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: Lightning Baseball Booster Club, Inc.  
(Name of corporation)

DOCUMENT NUMBER: N 98 00000 7126

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:

x William Crowley  
(Name of contact person)

(Firm/Company)

19841 NE. 10 PL NMD  
(Address)

(City/state and zip code)

**For further information concerning this matter, please call:**

William McNally at ( 305 ) 218 6570  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Lightning Baseball Booster Club, Inc.  
2. The principal office address: 19920 Highland Lakes Blvd.  
Miami, FL 33179  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/17/98 Document number: N98000007126

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BARBARA GENEER  
19920 Highland Lks Blvd.  
MIAMI FL 33179

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

X William McNally  
19841 NE 10 PL NWB 33179  
(P.O. Box - NOT acceptable)

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.

Barbara Geneer  
Elaine Prots  
(Signature of an officer or director)

Elaine Prots  
(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. If, 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.

X William McNally  
(Signature of Registered Agent)

8/5/05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS