REFERENCE

958528

6415A

AUTHORIZATION

\$ 35.00

COST LIMIT

ORDER DATE: January 9, 2001

ORDER TIME : 1:46 PM

ORDER NO. : 958528

CUSTOMER NO: 6415A

CUSTOMER: Mark Shaner, Esq

Mark Shaner, Esq

3177 South Parker Road

Aurora, CO 80014 ._..

CHANGE OF AGENT

NAME: TEE SHOTS OF FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

500003913195--3

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

Pursuant to the provisions of sections 607.0502, 617.05 the undersigned corporation organized under the laws of t	502, 607.1508, or 617.1508, Florida Statutes,
submits the following statement in order to change its re	oistered office or position is
the State of Florida.	gistered office or registered agent, or both, in
1. The name of the corporation is: Tee Shots of Florid	a, Inc.
2. The mailing address of the corporation is: 2513 James	Pyraca Davis
1473 MISSION DRIVE EAST, CLEAR	WATER FLOREN 22750
3. Date of incorporation/qualification: 01/10/2001	
4. The name and address of the current registered agent and	d office:
Corporation Service Company	HAS HAS
1201 Hays Street	SEE
Tallahassee, Florida 32301	
5. The name and address of the new registered agent and of	fice: (P. O. Box Not Acceptable
Tr annual comments	Mc. (F. O. Box Net Acceptable)
1473 Mission Drive East	
Clearwater, Florida 33759	
The street address of its registered office and the street adagent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
I Tray Le.	Manage 9 7
(Signature of an officer, chairman or vice chairman of the board)	MARCH 8 Zoo1
Kevin Taylor / Dir.	
(Printed or typed pages and side)	
laving been named as registered agent and to accept service orporation, I hereby accept the appointment as registered a further agree to comply with the provisions of all statutes reerformance of my duties, and I am familiar with and accept egistered agent.	of process for the above stated gent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
iv: Tray	Many 0 7
(Signature of Registered Agent)	(Date)
signing on behalf of an entity:	·
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35	
12E045(7/97)	·····
Division of Corporations P.O. Box 6327	TALLAHASSEE FY 32314

TALLAHASSEE, FL 32314