

P01000081479

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

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REGISTERED AGENT CHANGE
AMERICAN CLASSIC AGENCY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN CLASSIC AGENCY, CORP.
Name of Corporation

DOCUMENT NUMBER: P01000081479

The enclosed Statement of Change of Registered Office/Agent and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelley Bost
Name of Contact Person
AMERICAN CLASSIC AGENCY, CORP.
Firm/Company
201 ATP Tour Blvd
Address
Ponte Vedra Beach, FL 32082
City/State and Zip Code
kbest@aclassic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Siefickl at 904 285-4030
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B043 (03/12)

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: AMERICAN CLASSIC AGENCY, CORP.
2. The principal office address: 201 ATP TOUR BLVD, PONTE VEDRA BEACH, FL 32082
3. The mailing address (if different):

4. Date of incorporation/qualification: 08/17/2001 Document number: P01000081479

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)

LESNICK, IRVING I
1200 N. FEDERAL HWY, SUITE 200
BOCA RATON FL 33432-2845

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

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road Plantation,
P.O. Box NOT acceptable
Florida 33324

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.

Signature of an officer or director: Kelley R Bast
Printed or typed name and title: Kelley R Bast

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.

CT Corporation System.
By: Signature of Registered Agent
Date: 11-27-12

If signing on behalf of an entity:
Madonna Cuddihy
Special Assistant Secretary

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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