

P020000042191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

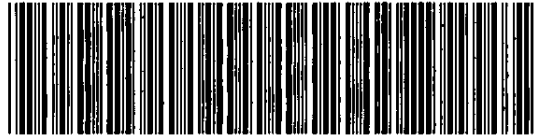
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR
11/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sports Features Communications Inc.
Name of Corporation

DOCUMENT NUMBER: P02000042191

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:

Laura Walden
Name of Contact Person

Sports Features Communications Inc.
Firm/Company

7039 Bonaventure Dr.
Address

Tampa, Florida 33607
City/State and Zip Code

lwalden@sportsfeatures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Walden at (813) 228-0408
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

**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: Sports Features Communications Inc.
2. The principal office address: 7039 Bonaventure Dr., Tampa, Florida 33607
3. The mailing address (if different): same
4. Date of incorporation/qualification: April 19, 2002 Document number: P02000042191
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)

Laura Walden

3422 Skysail Place

Tampa, Florida 33607

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

Laura Walden

7039 Bonaventure Dr.

P.O. Box NOT acceptable

Tampa, Florida 33607

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

Laura Walden
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.


Signature of Registered Agent

November 11, 2009
Date

If signing on behalf of an entity:

Laura Walden
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
CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA