P03000001160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
į
]
İ

Office Use Only



700138313297

12/08/08--01038--018 **35.00

08 DEC -8 PH 3:58
SECRETARY OF STATE
FALLAHASSEF, FLORIO

RA. Charg

C.COULLIETTE

DEC 102008

EXAMINER

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: SKATE STATION OF GAINESUINE INC (Name of Corporation)
DOCUMENT NUMBER: POS 50000 1160
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:
(Name of Contact Person)
(Firm/Company)
(Address)
Coinesville Fl 32614 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 331-9053 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

by hopey

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: SKAtc Station of Gainesville Inc.
2. The principal office address: 1311 NW 76th Blvd.
Gainesville Fl 32605
3. The mailing address (if different): Po Sor 140068
Gainesville, FI 32614
4. Date of incorporation/qualification: 1-03-2003 Document number: P03 6000 1160
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) Bar.bara Burkett 2830 NW 415 ST Stel Caines Ville + 32606 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Don H. Lester 1035 Lasalle Street (P.O. Box NOT acceptable) Tackson Ville + 32207
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) ORIS L Burkett. (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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *
(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)