

P0400052353

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

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DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
DREAMS / PRO SPORTS, INC.

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

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STATE OF FLORIDA

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**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: Dreams/Pro Sports, Inc.
2. The principal office address: Two South University Drive, Suite 325
Plantation, FL 33324
3. The mailing address (if different): c/o General Counsel, 5245 Commonwealth Avenue
Jacksonville, FL 32254
4. Date of incorporation/qualification: 3/24/2004 Document number: P04000052353
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)
Mark Viner
Two South University Drive, Suite 325
Plantation, FL 33317
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301

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

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:
Sue G. Knight
Assistant Vice President

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, FL
STATE DEPARTMENT OF
CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dreams/Pro Sports, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000052353

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:

Donna Crabill

Name of Contact Person

Kynetic, LLC

Firm/Company

225 Washington Street, 3rd Floor

Address

Conshohocken, PA 19428

City/State and Zip Code

donna@kynetic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Crabill

Name of Contact Person

at (484

)534-8103

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