## 704000120796

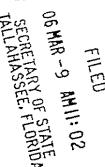
| , (Re                   | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| ; (Ac                   | idress)            |           |
| (Ad                     | idress)            |           |
| (Cit                    | ty/State/Zip/Phone | ∍ #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | rsiness Entity Nan | ne)       |
| (Document Number)       |                    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    | 1         |
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\*\*105.00



Office Use Only



## **COVER LETTER**

| TO: Amendment Section Division of Corporations                           |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: Let It Roll Game Room, Inc. (Name of Corporation                | )  |  |  |  |
| DOCUMENT NUMBER: P04000120796  |  |  |  |  |
| The enclosed Statement of Change of Registered Office/Agent an           | nd fee are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the following | lowing:  |  |  |  |
| Scott R. LeConey, Esquire (Name of Contact Perso                         | on)  |  |  |  |
| Swaine, Harris & Sheehan, P.A. (Firm/Company)                            |  |  |  |  |
| 425 South Commerce Avenue (Address)                                      |  |  |  |  |
| Sebring, Florida 33870 (City/State and Zip Cod                           | le)  |  |  |  |
| For further information concerning this matter, please call:             |  |  |  |  |
| Lynn Wudtke at ( 86 (Are   | 63 465.2811<br>ea Code & Daytime Telephone Number)   |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of St         | tate.  |  |  |  |
| Division of Corporations<br>P.O. Box 6327<br>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

| statement of cha   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.  |            |
|--|--|------------|
|  | the corporation: Let It Roll Game Room, Inc.   |            |
|  |  | _          |
| 2. The principal   | l office address: 122 Karola Drive, Sebring, Florida 33870   | _          |
| 3. The mailing a   | address (if different):  |            |
| 4. Date of incor   | poration/qualification: 8/20/04 Document number: P04000120796  | <u>-</u> - |
|  | d street address of the current registered agent and registered office on file with the urtment of State:  |            |
|  | Pamela T. Karlson, P.A.  |            |
|  | 531 Deen Boulevard   |            |
|  | Lake Placid, Florida 33852   |            |
| 6. The name and (if changed):  | Steve Cassidy  122 Karola Drive  (P.O. Box NOT acceptable)  Sebring, Florida 33870  Tess of its registered office and the street address of the business office of its registered agent.   |            |
|  | Steve Cassidy AFF  | ==         |
|  | 122 Karola Drive   | FILED      |
|  | (P.O. Box NOT acceptable)  |            |
|  | Sebring, Florida 33870   |            |
| The street address changed will  | ress of its registered office and the street address of the business office of its registered agostical.   | ន៍         |
| Such change wanthorized by   | as authorized by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change.   |            |
|  | Steve Cassidy, President (Printed or typed name and title)   | a ar n     |
| I hereby accept<br>I further agree<br>of my duties, ar<br>document is be<br>corporation ha | t the appointment as registered agent and agree to act in this capacity.<br>to comply with the provisions of all statutes relative to the proper and complete performance<br>nd I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>ving filed marely to reflect a change in the registered office address, I hereby confirm that the<br>us been notified in writing of this change. |            |
| Ster.  | ignature of Registered Agent) 3-7-06 (Date)  |            |
| •  | ehalf of an entity:  |            |
|  |  |            |
|  | 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)