## P06000130335

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJECT: TEAM PLAYER GROUP INC. (Name of Corporation)				
DOCUMENT NUMBER: P06000130385				
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:				
	JON GOULD (Name of Contac			
TEAM PLAYER GROUP INC. (Firm/Company)				
5658 PALMER BLVD (Address)				
SARASOTA, FL 34232 (City/State and Zip Code)				
For further information concerning this matter, please call:				
JON C	GOULD (Name of Contact Person)	At ( 941 ) 378-3057 (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. statement of change is submitted for a corporation organized under the laws a in order to change its registered office or registered agent, or both, it	of the State of FLORIDA		
The name of the corporation: TEAM PLAYER GROUP INC			
2. The principal office address: 5658 PALMER BLVD, SARASOTA, FL 34232			
3. The mailing address (if different): SAME AS ABOVE			
4. Date of incorporation/qualification: 10/13/06 Document nur	nber: P06000130385		
5. The name and street address of the current registered agent and registered of Florida Department of State:	ffice on file with the		
JIM GIESLER			
10163 CHERRY HILLS AVENUE CIRCLE			
BRADENTON, FL 34202	<u>.</u>		
6. The name and street address of the new registered agent (if changed) and /c (if changed):	or registered office		
JON GOULD			
5658 PALMER BLVD	# AR -		
(P.O. Box NOT acceptable)			
SARASOTA, FL 34232  The street address of its registered office and the street address of the busin as changed will be identical.	ness office of its regulatived agent,		
Such change was authorized by resolution duly adopted by its board of dir authorized by the board, or the corporation has been notified in writing of	\$2.36 ET   F . S		
(Signature of an officer or director)  Jon Goulder	President or typed name and little)		
I hereby accept the appointment as registered agent and agree to act in the light formula of the agree to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office of the corporation has been notified in writing of this change.	is capacity. proper and complete performance on as registered agent. Or, if this address, I hereby confirm that the		
4/1/20	008		
(Signature of Registered Agent)	(Date)		
If signing on behalf 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)