P07000012649

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Busiless Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	<u>. </u>
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Special Instructions to Filing Officer:	-
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Office Use Only



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R.A. Change C.COULLIETTE

SEP 3 0 2009

EXAMINER

COVER LETTER

Division of Corpo	rations		
SUBJECT:	First Team		
	Name of Co	прогатоп	
DOCUMENT NUMBER	:P070	000012649	
	Change of Registered Office	Agent and fee are sul	omitted for filing.
Please return all correspon	dence concerning this matter	to the following:	
•	·		
	Jolynn [Outeau tact Person	
	Name of Con	itact Person	
	- :		
	First Tea Firm/Co	am, Inc mpany	
		. ,	
	442 West Kenne	dy Blvd Ste 312	
	Addr	ess	
	Tampa, F City/State an	L 33606	
	City/State an	a Zip Code	
	Jolynn@fir	fin.com	
E-mai	l address: (to be used for fu	iture annual report n	otification)
For further information co	ncerning this matter, please c	all:	
Jolyn	n Duteau ontact Person	at (813)	253-2007 ext 2105
Name of C	ontact Person	Area Code & Da	aytime Telephone Number
Enclosed is a \$35,00 check	c made payable to the Departi	ment of State	
M	ailing Address:	Street Addr	
\overline{A}	mendment Section	Amendmen	
	ivision of Corporations O. Box 6327	Division of Clifton Bui	Corporations
	allahassee, FL 32314		itive Center Circle
1	anianiauuuu ya aa uu uu aa t	Tallahassee	

TO:

Amendment Section

'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: First Team, Inc
2. The principal office address: 2917 Pointeview Drive, Tampa, FL 33606
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/29/2007 Document number: P07000012649
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)
Donald E. Ebbert
442 West Kennedy Blvd Ste 312
Tampa, FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alejandra Corniali
2917 Pointeview Drive P.O. Box NOT acceptable
Tampa, FL 33611
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 efficient of director Aleisandra Coviniali
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:
Alejandra Corniali Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *