

PO7000037494

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA TS
5/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPORTS MEDICINE INNOVATIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000037494

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:

JEFF KONIN
(Name of Contact Person)

SPORTS MEDICINE INNOVATIONS, INC
(Firm/Company)

27328 BRIARGLADE LOOP
(Address)

WESLEY CHAPEL, FLORIDA 33544
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF KONIN at (813) 838-6759
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2008

JEFF KONIN
27328 BRIARGLADE LOOP
WESLEY CHAPEL, FL 33544

SUBJECT: SPORTS MEDICINE INNOVATIONS, INC.
Ref. Number: P07000037494

We have received your document for SPORTS MEDICINE INNOVATIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 708A00023782

2008 MAY -2 AM 8:00

RECEIVED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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: SPORTS MEDICINE INNOVATIONS, INC.
2. The principal office address: 27328 BRIARGLADE LOOP
WESLEY CHAPEL, FL 33544
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/07 Document number: P07000037494
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NATIONAL REGISTERED AGENTS, INC.

P.O. Box 927

WEST WINDSOR, NJ 08560-0927

NRAI SERVICES

2731 EXEC PARK DR

SUITE 4

WESTON, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

27328 BRIARGLADE LOOP

WESLEY CHAPEL, FL 33544

(P.O. Box NOT acceptable)

JEFF G KONIN

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.

Jeff Konin
(Signature of an officer or director)

JEFF KONIN, PRESIDENT
(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.

Jeff Konin
(Signature of Registered Agent)

3/12/08
(Date)

If signing on behalf of an entity:

JEFF KONIN
(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)