## P08000013663

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAI	T MAIL			
(Business Entit	v Name)			
(	,			
(D)				
(Document Number)				
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Certified Copies Certifi	cates of Status			
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SECRETARY OF STATE
ALL AHASSEE, FLORID

Pa Change 12/19/08 Dc

## COVER LETTER .

TO:	Amendment Section Division of Corporat	ons		
SURI	ECT: TICKETDE	RBY INC		
00100	200 21 <u>1100102113</u> 2	(Name of Corpo	ration)	
		000000012662		
	UMENT NUMBER:_			
The er	iclosed Statement of C	ange of Registered Office/Ag	ent and fee are submitted for filing.	
Please	return all corresponde	ce concerning this matter to the	he following:	
	Paul Burke			
	(Name of Contact Person)			
	TicketDerby Inc.			
		(Firm/Compa	my)	
	10896 New Salem Cove			
		(Address)		
,				
		San Diego / Cali (City/State and Z	fornia / 92126	
			to Code)	
For fu	rther information conc	erning this matter, please call:		
	Constanc	e Burke a	t ( 239 ) 450-4657	
	(Name of Co	ntact Person)	t ( 239 ) 450-4657 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mai	ling Address: endment Section	Street Address: Amendment Section	
		ision of Corporations	Division of Corporations	
		. Box 6327	Clifton Building	
	Tall	ahassee, FL 32314	2661 Executive Center Circle	
		I .	Intignaceae HI 47401	

## 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 California			
in order to change its reg	ristered office or registered agent, or both, in the State of Floria	a.	
1. The name of the corporation: T	ICKETDERBY, INC.		
2. The principal office address: 7	995 Mahogany Run Lane	······································	
Naples, FL 34113		<del></del>	
3. The mailing address (if different	ı): 6755 Mira Mesa Blvd. #123-196		
San Diego, CA 921			
4. Date of incorporation/qualificati	ion: <u>2/4/2008</u> Document numbe: <u>P08000</u>	013663	
5. The name and street address of Florida Department of State (If	the current registered agent and registered office on file with the resigned, enter resigned)	•	
BURKE, CON	ISTANCE M	091 180	
1107 WEST	MARION AVE SUITE 112		
PUNTA GORI	DA FL 33950 US	RY OF SE TO	
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office	F SIA	
BURKE, CON	ISTANCE M	en en	
247 N. Col	lier Blvd, Suite 202 (P.O. Box NOT acceptable)	8	
Marco Islan	nd, Fl 34145	3	
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its reg	gistered agent,	
Such change was authorized by rauthorized by the board, or the co	resolution duly adopted by its board of directors or by an offi orporation has been notified in writing of the change.	cer so	
Tolle	Paul Burke, Preside	nt	
(Signature of an officer or direct		<del>.</del>	
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar w document is being filed merely to corporation has been notified in	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complet with and accept the obligation of my position as registered ago o reflect a change in the registered office address, I hereby co writing of this change.	le performance ent. Or, if this onfirm that the	
(Signature of Registered A	WBully Dec 2 2008 (Dute)		
If signing on behalf of an entity:			
(Typed or Printed Name)	<u> </u>		
	* * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314