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| PICK-UP WAIT MAIL                       |  |  |  |
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| (Business Entity Name)                  |  |  |  |
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| (Document Number)                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: South Florida Play Ball Magazine, Inc. (Name of Corporation)   |
| DOCUMENT NUMBER: P080000 276 75   |
| 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:   |
| Elena Lage (Name of Contact Person)   |
| South Florida Play Ball Magazine, Inc   |
| 7500 SW 16 th Street  |
| Miami. FL 33155 (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Elena Lage (Name of Contact Person)  at (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

| statement of chang   | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu <u>tes.</u><br>The is submitted for a corporation organized under the laws of the State of  |   |
|--|--|---|
| 1. The name of the   | to change its registered office or registered agent, or both, in the State of Florida.  The corporation: South Florida Play Ball Months office address: 7500 SW 16th Street  Miami, FL 33155   | gazine, In                                |
| 3. The mailing add   | Idress (if different): Same  |   |
| 4. Date of incorpo   | oration/qualification: <u>March 15, 200</u> 6 cument number: <u>PO80</u>   | 00027675                                  |
| Florida Departr  -  6. The name and s (if changed):  -   | Carlos J. Areces  7500 SW 16th Street  Miami, FL 33155  street address of the new registered agent (if changed) and /or registered office  Marta Garcia  7500 SW 16th Street  (P.O. Box NOT acceptable)  Miami, FL 33155   | OR AUG 28 PM 1: \$9  TALLAMASSEE, FLORIDA |
|  | ss of its registered office and the street address of the business office of its regist<br>be identical.   |   |
| Colen  | s authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change.  Elena Lage, Tree of an officer or dector)  (Printed or typed name and title)   |   |
| I hereby accept the I further agree to of my duties, and document is bein corporation has been | the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete paid if am familiar with and accept the obligation of my position as registered agency filed merely to reflect a change in the registered office address. I hereby confibeen notified in writing of this change. |   |
| x man  | tal Green 08-07-08  (Date)   |   |
| If signing on beh  |  |   |
| MARTA (Ty  | yped 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

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