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COVER LETTER

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TO: Amendment Section Division of Corporations SPLIT SECOND SPORTS TIMING, INC. (change of address for business & reg. agent) Name of Corporation P14000017270 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: Geoffrey Elder Name of Contact Person SPLIT SECOND SPORTS TIMING, INC. Firm/Company 525 Stonebriar Drive SE Palm Bay, FL 32909 City/State and Zip Code GeoffElder@SplitSecond.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Geoffrey Elder Code & Daytime Telephone Number Name of Contact Person 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 cha	ange is submitted for a corporation organized under the laws of the State of	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: SPLIT SECOND SPORTS TIMING, INC.	
	l office address: 2784 Snapdragon Drive NW	
Palm Bay	y, FL 32907	_
3. The mailing a	address (if different):	_
4. Date of incorp	rporation/qualification: 2/24/2014 Document number: P14000017270	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Geoffrey Elder	
	2784 Snapdragon Drive NW	
	Palm Bay, FL 32907	
6. The name and (if changed):	d street address of the new registered agent (if changed) and or registered office	į
	Geoffrey Elder 23	n.
	525 Sonebriar Drive SE	j
	P.O. Box NOT acceptable	
	Palm Bay, FL 32909 55 55	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Kelly	Kelly Elder, Vice President Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	gnature of Registered Agent Date	
Sig	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
Т	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 * * *