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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

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Account Name : EDWARDS WILDMAN PALMER LLP  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
CENTER FOR ADVANCED ATHLETIC ENGINEERING, INC.**

Certificate of Status	0
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JUN 17 2014

Electronic Filing Menu

Corporate Filing Menu

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**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Center for Advanced Athletic Engineering, Inc.
2. The principal office address: 6280 W. Sample Road, Suite #202, Coral Springs FL 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/05/2014 Document number: P14000039488
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)

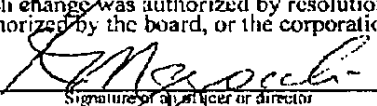
Rudy A. Mazzocchi620 W. Sample Road, Suite #202Coral Springs FL 33067

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

Rudy A. Mazzocchi6280 W. Sample Road, Suite #202P.O. Box NOT acceptableCoral Springs FL 33067

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 officer or director

Rudy A. Mazzocchi, Director

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.

June 13, 2014

Signature of Registered Agent

Date

**By: Rudy A. Mazzocchi**

If signing on behalf of an entity:

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  
CR21045 (03/12)

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