(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Crystallander, Nation)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
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PS 3/15/87

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: National Gymnastics, Inc (Name of Corporati	on)
DOCUMENT NUMBER: P 960000 304)	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Inal Halashian	
Joel Helschien (Name of Contact Per	rson)
· ·	,
National Gymnastics, Inc	
(Firm/Company)	<u> </u>
	,
9793 Glades Road	
(Address)	
Boca Raton, FL 33434	
(City/State and Zip C	Code)
For further information concerning this matter, please call:	
Joel Helschien at (S) (Name of Contact Person)	561 353-1974 Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this canized under the laws of the State of Florida istered agent, or both, in the State of Florida.		-
. 1. The name of	the corporation: National Gymnastics,	, Inc.		
-	office address: 9793 Glades Road			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 04/18/1996	Document number: P9600003047		
	d street address of the current registered artment of State:	d agent and registered office on file with the		
	Pruden, James L PA			
	900 North Federal Highway	Suite 404		
	Boca Raton, FL 33434			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		gent (if changed) and /or registered office	2007 HAR	SECRE
	Joel Helschien		R 15	PAR C
	9793 Glades Road		AM	ORPO
	(P.O. Box NOT accepta	ble)	ထု	RAT
	Boca Raton, FL 33434		00	SHOI
The street added as changed will	ress of its registered office and the stre Il be identical.	eet address of the business office of its registered	i agen	ıt,
Such change vauthorized by	vas authorized by resolution duly adop the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.		
Signa	tyle of an officer or director)	Joel Helschien (Printed or typed name and title)		-
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c sing filed merely to reflect a change in us been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and complete perfo obligation of my position as registered agent. O the registered office address, I hereby confirm ige.	orman r, if th that th	ice iis he
	and mil-	03/12/2007		
(8	ignature of Registered Agent)	(Date)		-
	ehalf of an entity:			
	Helschien			
	(Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *