

P96000051320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

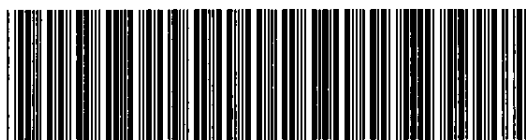
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 SEP 28 AM 11:07

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DEPARTMENT OF REVENUE  
16 SEP 28 PM 4:15  
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SEP 29 2016

C LEWIS

September 28, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 10164608 SO  
Customer Reference 1: FL COAs  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

JS STADIUM, INC. (FL)  
Change of Agent  
Florida

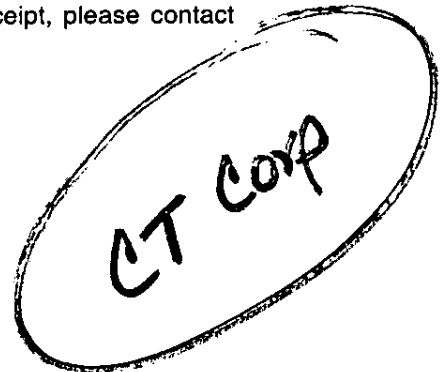
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com



September 28, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

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CT Corp

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JS STADIUM, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P96000051320

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:

Michel Bussiere

\_\_\_\_\_  
Name of Contact Person

Miami Marlins, L.P.

\_\_\_\_\_  
Firm/Company

501 Marlins Way

\_\_\_\_\_  
Address

Miami, FL 33125

\_\_\_\_\_  
City/State and Zip Code

mbussiere@marlins.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Galvin

at ( 305 ) 480-1370

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

CR2E045 (03/12)

**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: JS STADIUM, INC.
2. The principal office address: ROGER DEAN STADIUM, 4751 MAIN STREET, JUPITER, FL 33458
3. The mailing address (if different): MARLINS PARK, 501 MARLINS WAY, MIAMI, FL 33125
4. Date of incorporation/qualification: 06/14/1996 Document number: P96000051320
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

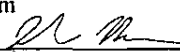
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

David Samson, President

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.*

C T Corporation System  
By:   
Signature of Registered Agent

09/19/2016

Date

If signing on behalf of an entity:

Jordan Brown, Ast. Secretary

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

CR2F045 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 SEP 28 AM 11:07