From Mackenzie Richaroso Fax: (800) 94 10/19/2018

1 1 0000 7 7 106/ Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000303319 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: COGENCY GLOBAL, INC. Account Name

Account Number : I20000000088 : (800)221-0102 Phone : (800)944-6607 Fax Number

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 PROATHLETE FINANCIAL GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



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

1. The name of the corporation:		·		INC.		
2. The principal office address:						
4401 North Federal Hwy #201		Boca Raton		FL	33431	
3. The mailing address (if different):				. —		
4. Date of incorporation/qualification:	09/05/1997	Document num	nber:	P970000	77061	
5. The name and street address of the cur Florida Department of State: (If resign			Mice on file v	vith the		
	Landa, G	earge		_		
	4401 North Fede	eral Hwy #201				
Boca Ra	aton	FL	33431	•	2011	a.
 The name and street address of the new (if changed); 		•	r registered o	ffice	2010 OCT 19	
	COGENCY GL			-	7	`. '~I
115	North Calhoun Str P.O. Box NOT see			-	€ 80	4
Tallahas	S 6 0	Florida	32301		Č.	;;
The street address of its registered office as changed will be identical. Such change was authorized by resolution authorized by the board, or the corporation						
authorized by the board, or the corporati		ed in whiting of the George Landa, pr				
Signature of an officer or director			yped name and tit	Te		
I hereby accept the appointment as regis I further agree to comply with the provis performance of my duties, and I am fumi agent. Or, if this document is being filed hereby confirm that the corporation has	tions of all statutes liar with and acce I merely to reflect	relative to the pri pt the obligation of a change in the re	oper ana con I my position vistered offic	i as regisi	tered i, I	
		4	0/18/2018			
Sucha of Boundary Assault			Date			
Signature of Registered Agent			Date			
Signature of Registered Agent If signing on behalf of an entity:			Date			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)