

P98000058936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

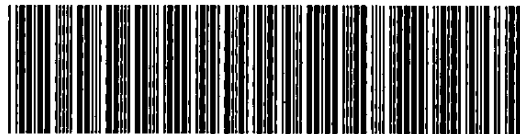
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 22 2006

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Interlink Sports Corp.

(Name of Corporation)

DOCUMENT NUMBER: P98000058936

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha L. Villegas

(Name of Person)

Interlink Sports Corp

(Name of Firm/Company)

P. O. Box 143543

(Address)

Coral Gables, FL 33114

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha L. Villegas

(Name of Person)

at (305) 858-4434

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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: Interlink Sports Corp.
2. The principal office address: 1430 SW 12th Avenue - Miami FL 33129
3. The mailing address (if different): P.O. Box 143543 - Coral Gables, FL 33114
4. Date of incorporation/qualification: July 02/1998 Document number: P98000058936
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Martha L. Villegas

1888 S. Miami Avenue

Miami, FL 33129

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

Ines Vidal

355 SW 25 Rd.

(P.O. Box NOT acceptable)

Miami, FL 33129

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

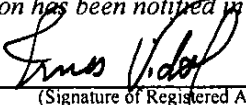
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Martha L. Villegas - 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.


(Signature of Registered Agent)

08/11/06

(Date)

If signing on behalf of an entity:

Ines Vidal

(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

CR2E045 (8/05)

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