FUDDOSCO

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
_		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	•
		
Special Instructions to	Filing Officer:	ì

Office Use Only

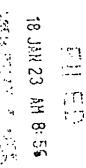


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18 JAN 23 PH 4: 24
SECRETARY OF STATE
SECRETARY OF STATE

No Org

R. WHITE JAN 24 2018







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I2000000088

Date: 1/23/18	Account#, 120000000
Name: KEN HOWELL	_
Reference #: C021173	
Entity Name: DYNAMIC SPORT	S CONSTRUCTION, INC.
Articles of Incorporation/Author	ization to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$35 Signature:	.00
Olginatoro.	

-1.212.947.7200





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 1/23/18	Account#, 1200000000
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Reference #: C021173	 -
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Articles of Incorporation/Authori	zation to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
☐ Merger	310-213-0730
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$35.	00

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508. Flor organized under the laws of the State	e ofT	exas	
		registered agent, or both, in the State			
2. The principal	office address:				
	301 Sonny Dr	Leander	TX	78641	
3. The mailing a	address (if different):		_		
	301 Sonny Dr	<u>Leander</u>	TX	78641	
4. Date of incorp	4. Date of incorporation/qualification: November 25, 2014 Document number:		F14000005061		
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on fi esigned)	le with the	:	
	NRAI SE	RVICES, INC			
	1200 SOUTH P	INE ISLAND ROAD			
	PLANTATI	ON, FL 33324			
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registere	d office:	18 JAN 23	
	115 North Calhoun	St., Suite 4			
	Tallahassee, FL 3	ox NOT acceptable		8: SS	
The street addre	ess of its registered office and the be identical.	street address of the business office	of its regi	stered agent.	
		dopted by its board of directors or by en notified in writing of the change			
/S/ Rd	bbert M. Wolesensky, Jr.	Robert M. Wolesensky, Jr.	Pres	ident	
Signatu	re of an officer or director	Printed or typed name a			
I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, Il statutes relative to the proper and and accept the obligation of my pos to reflect a change in the registered ified in writing of this change.	l complete sition as re	egistered	
/S/ Tim N	Mayville	January 23, 2018			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				

Tim Mayville, Assistant Secretary

Typed or Printed Name

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