PB000096867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRE LARY OF STATE
ALL AHASSEE, FLORID

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COVER LETTER

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building		
Enclosed is a \$35.00 check made payable to the Department of State.		
For further information concerning this matter, please call: Mike Lee		
E-mail address: (to be used for future annual report notification)		
Orlando Fl 37803 City/State and Zip Code		
14.19 E. Colonia Dr. Address		
The Jungle MMA 3 Fitness		
Mike Lee Seth Petruzelli Name of Contact Person		
Please return all correspondence concerning this matter to the following:		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
DOCUMENT NUMBER: * POSOOO 96 867		
SUBJECT: MCVKey BUSNESS Orlando, INC. Name of Corporation DOCUMENT NUMBER: X POSOOO 96 867		
Division of Corporations		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Amendment Section

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

statement of change is submitted for a corporation organized under the laws of the State of Floy in the state of The State
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Monkey Business Orlando, In C
2. The principal office address: 1919 F O(CV)(Q) DV
<u> </u>
3. The mailing address (if different):
4. Date of incorporation/qualification X 0 28 2008 Document number: X POS0000 96867
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)
1 stin Doty 1 3 offi
1212 FIMWOOD St. = =================================
Orlando, F1 32801 5 5 5
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Seth Petruzelli
1419 E Colonial Dr
P.O. Box NOT acceptable
Orrando tt. 25801
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.
Make x Toppe Leslie Polyuza
Signature of an officer or diffector Printed or typed name and title
I befeby 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.
1/20/11)
Signature of Registered Agent Date
If signing on behalf of an entity:
Seth Petruzelli

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)