The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE:				
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	S	
Name	BROWN, JASON S	Name	HERMANN, FRANCES R	
Address	15861 NE BOB SANDERS ROAD	Address	4543 RUNNING MEADOWS LANE	
City-State-Zip:	HOSFORD FL 32334	City-State-Zip:	TALLAHASSEE FL 32303	
Title	т			
Name	BROWN, EMILY H			
Address	15861 NE BOB SANDERS ROAD			
City-State-Zip:	HOSFORD FL 32334			

#### **Current Mailing Address:**

15761 NE BOB SANDERS ROAD HOSFORD, FL 32334 US

### FEI Number: 93-4027904

#### Name and Address of Current Registered Agent:

BROWN, JASON S 15761 NE BOB SANDERS ROAD HOSFORD, FL 32334 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCES R HERMANN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

SECRETARY

02/09/2024

Date

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000012745

Entity Name: LC WRESTLING CLUB INC.

# **Current Principal Place of Business:**

15761 NE BOB SANDERS ROAD HOSFORD, FL 32334