o ath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAINIERO DI GUIDA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: LEVEL UP MARTIAL ARTS & FITNESS, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11850 W STATE ROAD 84 SUITE A3 DAVIE, FL 33325

Current Mailing Address:

DOCUMENT# L16000186949

11580 W STATE ROAD 84 SUITE A3 DAVIE, FL 33325 US

FEI Number: 81-4097439

Name and Address of Current Registered Agent:

DI GUIDA, RAINIERO A 11212 SW 58TH CIR. COOPER CITY, FL 33330 US

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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	MANAGER
Name	DI GUIDA, RAINIERO A	Name	DI GUIDA, JOANNA M
Address	11212 SW 58TH CIR.	Address	11212 SW 58TH CIR.
City-State-Zip:	COOPER CITY FL 33330	City-State-Zip:	COOPER CITY FL 33330

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 orthetric that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605. Elorida Statutes: and

PRESIDENT

01/12/2017

Certificate of Status Desired: Yes

Date

Date