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EXAMINER



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OH MAY 23 PM 3: 24

COVER LETTER

Division of Corporations				
SUBJECT: CHAMPION KENPOK		CKBOXI	NG,LLC	
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:			
DEREK R. HULL				
CHAMPION KENPO KARATE	ELKICKBOXINI	6,44		
7938 DAUSONS CREE	EKDR.	2011 HAY 2	Manager Caron	
JACKSONVILLE FL3 City/State and Zip Code derekhull@bellsout	<u> </u>	23 PM 3: 24	Acres and	
derekhullebellsout E-mail address: (to be used for future annual report notification		3: 24 (ALE (研记):	****	
For further information concerning this matter, please	se call:			
DEREK HULL at (9)	Area Code & Daytime Telephone			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

011 A 11 A 1	WILLIAM LARAGE & VILLONYING
1. Name of the limited liability company: CHAMPIO	N KENPO KARATE + KICKBOXING
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	* (MOVING THIS LOCATION)
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	7938 DAWSONS CREEK DR. JACKSONVILLE, FL 32222
1-29-2004	L04000007991
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	DEREK HULL
Registered Office Address:	JACKSONVILLE, FL 32222
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1075 OAKLEAF PLANTATION PARKWAY SUITE 109 ORANGE PARK FL 32065
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	clorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of Registered Agent	