L05 000066494

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nai	me)			
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to	Filing Officer:				

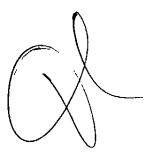




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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2023

LEON R. MARGULES, ESQ. 7805 SW 6TH CT PLANTATION, FL 33324

SUBJECT: WARRIORS BOXING AND PROMOTIONS, LLC

Ref. Number: L05000066494

We have received your document for WARRIORS BOXING AND PROMOTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

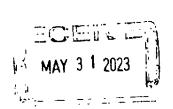
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 823A00010938



COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: Warriors Boxing and Name of Limit	Promotions, LLC ted Liability Company	
Dear S	ir or Madam:		
The er	nclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to	o the following:	
	Name of Person Margules Law Group, P. A. Firm/Company 7805 SW 644 Ct Address Plantation, Florida 333 City/State and Zip Code leon @ warriorsboxing. com E-mail address: (to be used for future annual report	notification)	2023 HAY 31 AM 10: 26
ror Iu	rther information concerning this matter, please cal		
	Name of Person	Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount:		
	□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

1NHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

L. Name o	of the limited liability company:	Warrior	3 Boxing	and	Promoti	ons,	uc	
2. (a)			(b)					
	Principal office address of limited liabil (Note: MUST BE STREET ADI			_	address of limit: MAY BE PO			
	1805 SW 6th Ct							
	Plantation, FL 33:	ry	_					
	6/30/2005		L	050	00066	494		
3.	Date of filing/registration in F		4.		ment number			
5. (a)	Leon R. stered Agent and Registered Office shown	Maryole	J.				2	
Regis	stered Agent and Registered Office shown	on the records of the	ne Florida Dept. of S	tate:	5		023	
					;	_		<u>.iJ</u>
Regi	istered Office Address (MUST BE FLO					<u>.</u> }	ယ်	1 2222
	633 S Andrews	Avenue -	WHE 500		Ű.	711200E))> <u>-</u>	TT)
	Fort Lauderdale	, FL	33301	_	=	5. D5.	1023 MAY 3 AM 10: 26	
						- - -	26	
(b)	r name of NEW Registered Agent and/or	NEW Registered	Office address:					
12.770	- nume of <u></u>							
NEV	W Registered Office Address:	, ,,						
	7805 SW 64	h Ct	<u> </u>					
	Plantation		33324					
If the limite	d liability company is not organize	ed under the law	s of the State of	Florida i	it is hereby c	ontirm	ed tha	t after the
change or c	hanges are made, the Florida street	address of the	registered office:	and the b	ousiness offic	e of th	e regis	stered
was/were at	e identical. Or, in the case of a Flo athorized by an affirmative vote of	the members of	Tthe limited liabi	lity com	pany or as of	herwis	e prov	ided in
the articles	of organization or the operating ag	reement of the l	مربدونا المامنا الممتنسية					
Signature of	farmember or authorized representative of	a mambar		Printe	Z. /	O OL SIND	<u> عبي / د</u>	
					I 6 I			with the
provisions of the obligati to merely ro notified in v	reept the appointment as registered of all statutes relative to the proper ons of my position as registered agglect a change if the registered of vriting of this change.	agen and agre and complete pent as provided fice address, I h	performance of m for in Chapter 6 ereby confirm the	y duties, 05, F.S. at the lin	and I am far Or, if this de uited liability	niliar ocumer compo	with an it is be any ha	nd accept ring filed s been
_								
Signature of	Registered Agent							