## L07000092315

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THE LARY OF STATE OF CORPORATIONS
TO NO. 1 - 3 PM 3: 23

J. BRYAN

NOV - 4 2008

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Makin' Moves Athletics, LLC	
(Name of Lir	nited 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	matter to the following:
Chazz Woodson	
(Name of Person)	<del></del>
Makin' Moves Athletics, LLC	
(Firm/Company)	
338 NE 54th street Apartment 2	
(Address)	
Miami, FL 33137	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Chazz Woodson at (	786 ) 897 - 3050
(Name of Person)	(Area Code & Daytime Telephone Number)
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 an	nount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

TO: Registration Section

## 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.

	Nar	ne of the limited liability company: Makin' Move	es Athletics, LLC
2.	(a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	Apartment 2 Miami, FL 33137
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	338 NE 54th street Apartment 2 Miami, FL 33137
Oc	tobe	r 2, 2008	L07000092315
			4. Document number  he records of the Florida Dept. of State:
5.	(a)	Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
		Registered Agent:	Chazz Woodson
		Registered Office Address:	13215 NE 6th Ave Apartment 301 Miami, FL 33161
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	338 NE 54th street		
		(MUST BE FLORIDA STREET ADDRESS)	Apartment 2 Miami,FL_33137
tha off her lia lim	nt affice (reby bilit	imited liability company is not organized under the left the change or changes are made, the Florida street of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The other orange of signee of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The other orange of the registered agent will be identical. Or, in the calconfirmed that the change (s) was/were authorized by company or as otherwise provided in the articles of liability company.	aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business are of a Florida limited liability company, it is

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00