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(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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**EXAMINER** 

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## **COVER LETTER**

TO:

INHS18 (5/08)

Registration Section

Division of Corpo	rations					
SUBJECT:					rprises	<u> </u>
	Name of	Limite	d Liabil	ity Com	pany	
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered	Office	Change	and fee	(s) are submitted for file	ing.
Please return all correspo	ndence concernin	g this m	atter to	the folk	owing:	
A.C	. Tellison Jr.				·	
	ne of Person		·	_		
New World S	ports Enterprise	s LLC		_		
Firm	n/Company			<del></del>	Ä	S 20
						2009 JUN 15 PH 12: 34
5083	s.w. 163 Ave.				A H	
	ddress		<del></del>		P S	<u> </u>
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						PH I2: 3
Mira:	mar FI 33027				<u> </u>	:S: 15
City/Sta	te and Zip Code			_		三 3
						im 🛨
Tellison@:	newworldsports.	us				
Tellison@ E-mail address: (to be used	for future annual report	t notificati	on)	<del>_</del>		
For further information co	oncerning this ma	itter, ple	ase call	•		
Cristian Za	aharia	at (	305	)	332 4971	
Name of Perse	on	\		Area Code	& Daytime Telephone Number	er .
STREET/COURI	ER ADDRESS:		M A	ILING	ADDRESS:	
Registration Section		MAILING ADDRESS: Registration Section				
Division of Corpora		Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive Cer			Tal	ahassee,	Florida 32314	
Tallahassee, Florida	a 32301					
Enclosed is a che	ck for the follow	ing am	ount:			
\$25 Filing Fee		\$55 Filing Fee & Certified Copy				

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

Pursuant to the provision's 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.

1. Name of the limited liability company:	New World Sports Enterprises LLC
2. (a) Principal office address of limited liability co	ompany:
(Note: MUST BE STREET ADDRESS)	5083 SW 163 Ave. Miramar FI 33027
(b) Mailing address of limited liability company	/:
(Note: MAY BE POST OFFICE BOX)	
06-02-09	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Legal Zoom AS 28
Registered Office Address:	7083 Hollywood BLVD. Suite 189
•	Hollywood Ca. 90028-8902 ப
(b) Enter name of NEW Registered Agent and	/or NEW Registered Office address 55
NEW Registered Agent:	A.C. Tellison
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	5083 SW 163 Ave.
MUSI BE FLURIDA STREET ADDRES	Miramar ,FL33027
of the members of the limited liability company of a or the operating agreement of the limited liability of Signature of a member or authorized representative of a member A.C. Tellison Jr  Printed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization dempany.  Int and agree to act in this capacity. I further agree to othe proper and complete performance of my duties, of my position as registered agent as provided in it do merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered Agent	_

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