108000/01999

(0)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
operation and the fining officer.					

Office Use Only



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10/13/21--01024--001 **25.00



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COVER LETTER . : .

TO: Registration Section Division of Corporations						
HEAVENLY WARRIOR MARTIAL ARTS LLC SUBJECT:						
Name of Li	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
RONALD B. BROWN						
Name of Person						
HEAVENLY WARRIOR MARTIAL ARTS LLC						
Firm/Company						
10212 CLOUDBURST CT.						
Address						
City/State and Zip Code						
RIVERVIEW/FLORIDA 33578						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
RONALD B. BROWN 8	13 995-1468					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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	t :					
■ \$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 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.

1.	Na	me of the limited liability company: HEAVENLY WA	ARRIOR MARTIAL	ARTS LLC
2. (a)	10212 CLOUDBURST CT.	(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		RIVERVIEW, FL 33578		
			LO800010	0199
 3. 5. 	(a)	Date of filing/registration in Florida 9/7/2021	4.	Document number
(,	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State UNITED STATES CORPORATION AGENTS, INC.		
		Registered Office Address (MUST BE FLORIDA STREET) 5575 S. SEMORAN BLVD SUITE 36	BOTIZ PA	
		ORLANDO .FL	32822	
(b)	h)	RONALD B. BROWN		- 36 36
ζ,		Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
		10212 CLOUDBURST CT.		
		NEW Registered Office Address:		_
		RIVERVIEW	33578	_
enan agen was/	ge t w wei	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the law.	registered office ar bility company, it : f the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Sig	nati	re of a member or authorized representative of a member		Printed or typed name of signee
the o	blis erel	y accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a change in the registered office address, I ha in writing of this change.	ee to act in this cap performance of my for in Chapter 60, ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signa	ture	enter Color		