L12000029211

| (Requestor's Name) | | | | |
|---|----------------|-------------|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | MAİT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | • | | |
| Certified Copies | _ Certificates | s of Status | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
|] | | | | |

Office Use Only



400236604974

06/22/12--01021--022 **25.00

12 JUN 22 TH 2: 22
SECRETARY OF STATE ALL AHASSFE FLORED

J. BRYAN

JUN 2 C 2012

EXAMINER

COVER LETTER

| Division of Corporations | | | | |
|--|---|------------|---------|---|
| SUBJECT: Miami "WMI Name of | | | | ng Center LLC ompany |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered | Office (| Change | and f | ee(s) are submitted for filing. |
| Please return all correspondence concerning | g this m | atter to | the fo | ollowing: |
| George E. Tala Name of Person | <u> </u> | | _ | |
| Name of Person | | | | |
| Miami "WMB" Fusion Training Ce | nter Ll | .c | _ | 12 JUN 22 PM 2: 22 SECRETARY OF STATE SALL AHASSF F. FI OPE |
| Firm/Company | | | | E Z Z |
| 14629 SW 104st #159 | | | | SST 2 |
| Address | | | | T. P. |
| Miami, FL 33186 City/State and Zip Code | | · <u> </u> | <u></u> | NAIE Death |
| info@miamiwmbfusion.co E-mail address: (to be used for future annual report | notificati | on) | _ | |
| For further information concerning this man | | | : | |
| George E. Tala | at (| 305 | _)_ | 336-2106 |
| Name of Person | ······ | | Area C | ode & 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 follow | ing am | ount: | | |
| \$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.

| 1. Name of the limited liability company:Miami "V | VMB" Fusion Training Center LLC |
|---|---|
| 2. (a) Principal office address of limited liability company | y: 14771 SW 144 Terr |
| (Note: MUST BE STREET ADDRESS) | Miami, FL 33196 |
| (b) Mailing address of limited liability company: | 14629 SW 104 ST #159 |
| (Note: MAY BE POST OFFICE BOX) | Miami, FL 33196 |
| 02/28/2012 | L12000029211 |
| 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: | George E. Tala |
| Registered Office Address: | 2261 sw 67 Way Miramar, FL 33023 |
| | 27 8 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: | W Registered Office address: |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 14771 SW 144 TERR Miami ,FL33196 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability 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 | laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y. |
| George E. Tala Printed or typed name of signee | - |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my performed to the property of the complex of the complex of the complex of the complex of the limited liability company. | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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