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Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	World Black Belt Heroes, LL	.C				
вевидет.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fol	lowing:			
Nolberto F	Parra					
	Name of Person					
World Blad	ck Belt Heroes, LLC					
	Firm/Company					
2000 NE 1	146 ST					
	Address		•			
North Mia	mi, Florida 33181					
	City/State and Zip Code		•			
info@worl	dblackbeltheroes.com					
E-mail	address: (to be used for future ann	ual report notifica	ition)			
For further is	nformation concerning this matter,	please call:				
Nolberto F	Рагга	786	201-8288			
	Name of Person	_	Area Code & Daytime Telephone Number			
Regi Divi Clift 266	istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enc	losed is a check for the following	amount:				
2 \$2	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	ame of the limited liability company: World Black	Belt H	eroes, LLC			_		
2	(a)	2000 NE 146 ST North Miami, FL 33181		_(b) 2000 Ni	E 146 ST Nor	ST North Miami, FL 33181			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		2000 North East 146 Street		2000 No	orth East 146	Street			
		North Miami, Florida 33181		North M	liami, Florida 3	33181			
		01/02/2013		L130000	00250				
3.		Date of filing/registration in Florida	- 4.	-	Document num	ber			
5	(0)	Corpwiz Registered Agents, INC							
5.	(a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State	_ e:				
		8750 NW 36 ST Suite 425 Miami, FL 3317	8						
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	<u>SS)</u>	_				
		8750 NW 36 ST Suite 425							
		Miami	_L 3317	8	_				
		,	·		_		14		
	(b)	Nolberto Parra			_	7 P	=	• •	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:		(7) (1) (7) (1) (1) (1)		• • • •	
		2000 NE 146 ST North Miami, Florida 331	81			<u></u>	7. s 2.#		
		NEW Registered Office Address:			_	21	ङ		
		2000 NE 146 ST			_		5 6		
		North Miami, _F	_L 3318	1	_				
th ag with	e cha ent vas/wa e arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and as	of the regliability s of the limited N	gistered office company, it is in the liability con olberto Paraget in this can	e and the busines is hereby confirm by company or as in a pany. Ta Printed or typed in a pacity. I further a	ss office ned that s otherw ame of sign	of the the chise pro	e registered ange(s) ovided in	
pr th to	ovisi e obi mer	ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change	e perfor led for ir I hereby	mance of my a Chapter 603 confirm that	dutíes, ánd I am 5, F.S. Or, if thi the limited liabi	familia s docum lity com	r with ent is pany h	and accept being filed has been	

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