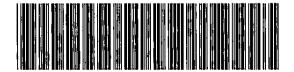
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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S. YOUNG

03/11/16--01033--014 **25.00



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti

april.pagliassotti@cscglobal.com

Date: March 9, 2016

Order#: 986126/020

Re: FIGHT FACE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX __ File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

15 MAR 11 PM 3: 51

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.

∠. (a)	36474C Emeraid Coast Parkway, 3301	(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Destin, FL 32541	_		
	03/17/2014		L140000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a) Jackson, Judd			
5. (a	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of Sta	ate:
	-		•	
	36474C Emerald Coast Parkway, Suite 3301 Registered Office Address (MUST BE FLORIDA STREET)	4 DD P E C	7)	
	Registered Office Address MOST DE FEORIDA STREET A	DUNLA	4	
	Destin , FL	32541	1	6
			 	MAR LAHA
(b)	Corporation Service Company			_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
				PH
	1201 Hays Street			ا ع: 5
	NEW Registered Office Address:			_ -
		······································		
	T # 1			
	Tallahassee , FL	, 32301		
If the	limited liability company is not organized under the lav	ws of the	State of F	Florida, it is hereby confirmed that after
4l1	ange or changes are made, the Florida street address of	the regi	stered Affi	ce and the business office of the registered
ine ch	will be identical. On in the ease of a Claride limited lie	abilier a	stered orri	is homely confirmed that the change(s)
agent	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	ability co	ompany, it	is hereby confirmed that the change(s)
agent was/v	will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ability co	ompany, it nited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in
agent was/v	vere authorized by an affirmative vote of the members of	ability co of the lin limited	ompany, it nited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in
agent was/v the ar	vere authorized by an affirmative vote of the members of	ability co of the lin limited	ompany, it nited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
agent was/v the ar Sign I her provi	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ability co of the lin limited Jas	ompany, it nited liabil liability co on Comer	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. , Authorized Person Printed or typed name of signee
agent was/v the ar Sign I her provi	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member as a registered agent and agreement of all statutes relative to the proper and complete organizations of my position as registered agent as provide rely reflect a change in the registered office address, I is	ability co of the lin limited Jas	ompany, it nited liabil liability co on Comer	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. , Authorized Person Printed or typed name of signee