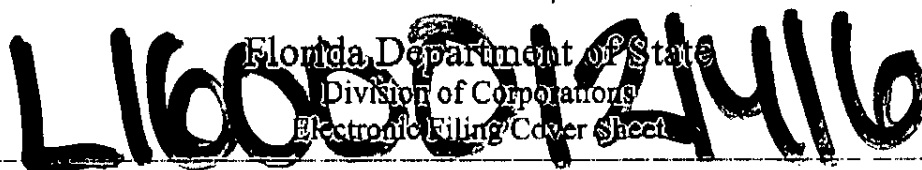


12/28/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000316799 3)))



H160003167993ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.
Account Number : I20020000137
Phone : (904)301-1269
Fax Number : (904)301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jks101a@dmphlgw.com

RECEIVED

2016 DEC 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATLANTIC KICKBOXING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
16 DEC 28 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

DEC 29 2016

H16000316799 3

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Atlantic Kickboxing, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000121416

THIRD: The street address of the limited liability company's principal office is:
3430 Randolph Street

The mailing address of the limited liability company's principal office is:
3430 Randolph Street
Jacksonville, Florida 32207

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: _____

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Michael J. Werstine

b. No authority granted to: _____

FILED
16 DEC 28 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael J. Werstine
Signature of authorized representative

Michael J. Werstine
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

H16000316799 3