## 120000115336

(Red	juestor's Name)	<del>_</del>			
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PICK-UP	WAIT	MAIL			
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Special Instructions to F	filing Officer:				
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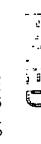


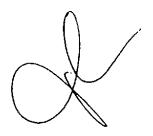
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	FCT: A FIGHTING CHANCE FLORID	DA LLC				
SCDG			iability Company	_		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office (	Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this m	atter to the	following:			
Melis	sa Jones					
	Name of Person		<u> </u>			
ZenBu	siness Inc.					
	Firm/Company		<del></del>	207		
336 E.	College Ave. Suite 301		· · · · · · · · · · · · · · · · · · ·	2022 JUL		
	Address			8		
Tallah	assee, FL 32301		ر. د.	AH 10: 1		
	City/State and Zip Code					
ra@ze	nbusiness com					
	E-mail address: (to be used for future annual	report notifi	ication)			
For fu	rther information concerning this matter, plea	ase call:				
Meli	ssa Jones	844 at (	493-6249			
	Name of Person		Area Code & Daytime Telephone Numl	et —		
	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 am	ount:				
	□ \$25 Filing Fee	<b>□</b> \$9	55 Filing Fee & Certified Copy			

INHS18 (2/14)

## \* 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: A FIGHTI	NG	CHANCE	FLORI	DA	LLC	,
2.		3275 SOUTH JOHN YOUNG PARKWAY	,	(b) 3275 SOUT	H JOHN Y	/OUN	G PAF	RKWAY
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	ng address of ore: MAYBI		-	
		SUITE 595		SUITE 5	95			
		KISSIMMEE, FL 34746	<del>_</del>	KISSIMI	MEE, F	FL 3	474	6
		04/28/2020		L200001	15336			
3.		Date of filing/registration in Florida	4.	Doo	rument nun	nber		
5.	(a)	Registered Agents Inc.						
	<b>\-</b> /	Registered Agent and Registered Office shown on the records of t	he Flor	da Dept, of State:				
		7901 4th St N						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	22)				
		STE 300						
		St. Petersburg , FL	33702				21	
	<b>(</b> b)	ZenBusiness Inc				:	2022 JUL 18	
Enter name of NEW Registered Agent and/or NEW Registered Office address:				-				
		336 E. College Ave.				3. 3. 1.		<u>.</u>
		NEW Registered Office Address:				77.7	AM 10: 10	
		Suite 301				<del>-</del> .	0	
		Tallahassee , FL	32301					
cha age wa	inge ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red office and the company, it is her mited liability co	business of the by confining the business of a	office o	of the ro at the c	egistered hange(s)
	/s/	Keisha Sweeney	K	eisha Sweer	ney			
- 5	ignat	ure of a member or authorized representative of a member		Pric	ited or typed:	name of	signee	
pro the to	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of the change.	ee to a perfori for in ereby	ct in this capacity mance of my dutie Chapter 605, F.S confirm that the l	e. I further es, and I an S. Or, if th imited liab	agree n famil is docu ility co	to com iar wit iment i impany	ply with the h and accept s being filed has been
Si	znatu	re of Registered Agent						

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