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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	SPORTS WARRIOR ADVISOR	Y GROUP, LLC	
3013170		Vame of Limited L	iability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning	; this matter to the	following:
Anthony	Jimenez		
	Name of Person		
	Firm/Company		
6586 W Atlantic Ave, Unit #2030 Address			
	Address		
Delray Be	each, FL 33446		
Delray Beach, FL 33446 City/State and Zip Code			
Contracts	@microtech.net		
E-r	nail address: (to be used for future a	annual report notif	ication)
For furth	er information concerning this matt	ter, please call:	
Anthony	R. Jimenez	703 at (655-2304
	Name of Person		Area Code & Daytime Telephone Number
) 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Taltahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
ı	Enclosed is a check for the followi	ing amount:	
Į	■ \$25 Filing Fee	□ \$	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.

(a)			(b) _				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	ss of limited lia Y BE POST OF	-	• -
	6586 W Atlantic Ave. Unit #2030		65	i86 W Atlantic Ave. U			
	Delray Beach, FL 33446		De	elray Beach, FL 3344	6		
	09/13/2022		1.22	1000418614			
	Date of filing/registration in Florida	4.		Document	number		
(a)							
` ,	Registered Agent and Registered Office shown on the records of	the Flori	da Dep	ot. of State:			
	Anthony R. Jimenez						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>		1.00 11.000	202	
	401 WEST ATLANTIC AVENUE, UNIT 245				왕() 구기	2024 JAH 23	
	Delray Beach . FI	33444			-17	至	•
	. г.					ယ်	_
(b)					1	PH 2: 18	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddres	<u>s</u> :	7.4 3.3	5	
	Anthony R. Jimenez					8	
	NEW Registered Office Address:						
	220 CONGRESS PARK DRIVE STE 138						
	FI.	33445					
nge nt w /we	mited liability company is not organized under the lay or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of the li	red o compa mited	ffice and the busine any, it is hereby cor Hiability company (ess office of the office of th	he regi: he chai	stered nge(s)
_		Ar	thony	R. Jimenez			
gnat	ure of members authorized representative of a member			Printed or ty	ped name of sig	nec	
	by accept the appointment ds registered agent and agr	ee to a	et in t	his capacity. I furth to of my duties, and to ster 605, F.S. Or, if m that the limited l	her agree to	comply	with th

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

Signature of Registered Agent