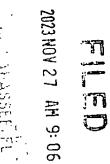
L23000497702

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

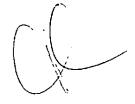
Office Use Only



800419064318



11-27-23 Cic25-Dig \$25,00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>Ultimate Athle</u> Name of	te Alliance UC Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Ricardo Penak Name of Person	2023 NOV 27			
Ultimate Athlete All Firm/Company	SS 🌉			
2380 Volunteer Avenu Address				
Kissimmee FL 34741 City/State and Zip Code	4			
E-mail address: (to be used for future annual r	eport notification)			
For further information concerning this matter, plea	ise call:			
Ricardo Remak a Name of Person	Area Code & Daytime Telephone Number			
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 amo	ount:			
■ \$25 Filing Fee				

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. N	ame of the limited liability company: Whenote	Ath	lete	allian	رو ر	رر
	2340 Volunteer Ave			o Vaun		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, (0)	Ma	niling address of li	imited liabilit	ty company:
	Kissimmer FL 34744		K155	oimmic	<u> </u>	34744
	Narember 1st 2023					0049110
3.	Date of filing/registration in Florida	4.		ocument numb	oer	
5. (a)	United States Corporation A					
	Registered Agent and Registered Office shown on the records of the	: Florida D	ept. of State:			
	476 Riverside Ave		_			
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>DRESS)</u>				
(b)	Dacksmulla, FL Records Penak Enter name of NEW Registered Agent and/or NEW Registered Of 2360 Volunteer Avenu NEW Registered Office Address:			TACCATASSEE, FE	2023 NOV 27 AM 9: 06	
	Kissimmec, FL_	ુંપ્⁻	144			
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the ces of organization or the operating agreement of the line ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for the profession of this change.	gistered lity comp the limited nited liab	office and to pany, it is hed liability conjuity company. This capacity capacity capacity capacity.	he business of ereby confirme company or as any. Let rinted or typed native. I further a	fice of the ed that the otherwise	registered change(s) provided in
Signatu	re of Registered Agent					

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