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(((H13000041438 3)))



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Division of Corporations

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From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN

Account Number: 120070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

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

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LLC REGISTERED AGENT CHANGE BATTLE ON, LLC

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B. KOHR

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Pioriaa.			
1. Name of the limited liability company: BATTLE ON, LLC			
2. (a) Principal office address of limited liability compan	v. 16506 POINTE VILLAGE DRIVE		
(Note: MUST BE STREET ADDRESS)	201		
(HOLL MODI DI DIRELI HODRESS)	LUTZ FL 33558		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16506 POINTE VILLAGE DRIVE		
(Note: MAI BE POST OFFICE BOX)	LUTZ FL 33558		
	77		
03/20/2009	M09000001114		
	310		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. State.		
Registered Agent:	DEBORAH A BOHN		
-	AFFER FORMET WILL ACT DODGE		
Registered Office Address:	16506 POINTE VILLAGE DRIVE		
	LUTZ FL 33558		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC		
NEW Registered Office Address:	18952 NORTH DALE MABRY HWY		
(MUST BE FLORIDA STREET ADDRESS)	SUITE 102		
	LUTZ ,FL_33548		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited		
Signature of a member or authorized representative of a member			
NICKOLAS J. SPRADLIN, ESQ. AUTHORIZES REPRESENTATIVE OF A MEMBER			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my proceed to the chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparate	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.		
Signature of Registered Agent			

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

INHS18 (05/08)