#1109000001114

(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



000255102150

TO ACKNOWLEDGE

THE SHAPE OF THE S

FILED 14 JAN-2 PHI2: 37

K.SALY EXAMINER 2014



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 912169 7739920

AUTHORIZATION :

COST LIMIT

ORDER DATE : December 6, 2013

ORDER TIME : 9:44 AM

ORDER NO. : 912169-020

CUSTOMER NO: 7739920

CHANGE OF AGENT

NAME: BATTLE ON, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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.

Name of the limited liability company: BATTLE ON, LLC		
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 16506 POINTE VILLAGE DRIVE 201 LUTZ, FL 33558	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16506 POINTE VILLAGE DRIVE 201 LUTZ, FL 33558	
03/20/2009	M09000001114	
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. of State	
Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, FLC	
Registered Office Address:	18952 N. DALE MABRY HIGHWAY SUITE 102 Lutz, FL 33548	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
WEST DE L'ECKIDA STREET ADDRESS)	Tallahassee ,FL32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member		
DEBORAH A. BOHN Printed or typed name of signee	•	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change. By: Signature of Registered Agent Corporation Service Company Assistant Vice President		

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

INHS18 (05/08)