ND400004174

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IT 15 Real Wrestling Club (Name of Corporation)
DOCUMENT NUMBER: NO40000 4174
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
IT 15 Real Wrestling Club Corp.
18482 SW 89 Place (Address)
Miani Florida 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Toan Pady Kula at (305) 595-4122. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: IT IS Real Wrestling Club, Corp.
2. The principal office address: CoRal Reef Senior High School
10101 5W 152 Street HIONI FT 33157
3. The mailing address (if different): 14420 5 W 166terroce.
Miani FL 33177.
4. Date of incorporation/qualification: 4/23/2004 Document number: NO4000004174
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
gonzalez Ludgardy
14420 SW 166 terroce
Miani 9-1 33177
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bady Kula, Joan
18482 SW 69 Place. (P.O. Box NOT acceptable)
Miani 9-1 33157
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of discorry Ludgardy Ganzales (President) 11/30/1
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
San Jackhala 12.7-2006 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Joan Padykula
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

FECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE