02000001619

| TOTAL KNOCK OUT, INC. 255 NE 2ND AVE # 237 DELRAY BEACH, FL 33444 |
|---|
| ELIGIT BEACTI, FL 33444 |
| (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



200060463852

10/14/05--01009--020

**35.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2005

DAVID W. LANGLEY DAVID W. LANGLEY, P.A. 8181 W. BROWARD BLVD., SUITE 204 PLANTATION, FL 33324

SUBJECT: TOTAL KNOCK OUT, INC.

Ref. Number: P02000001619

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell **Document Specialist**

Letter Number: 905A00064243

COVÈR LETTER

SUBJECT: TOTAL KNOCK OUT, INC
(Name of Corporation)

DOCUMENT NUMBER: PO 2 0000 / 6/9

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:

| A N ICE GOATLEY (Name of Contact Person)

| TOTAL KNOCK OUT, INC. (Firm/Company)
| 255 NE 2 A/E + 337 (Address)

| DELPAY BLACH FL 33444 (City/State and Zip Code)
| For further information concerning this matter, please call:
| SATIEN (Name of Contact Person) | at (S6/) 496 41/2 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address:

Clifton Building

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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 in order to change its registered office or registered agent, or both, in the State of Florida. | | |
|---|-------------------|---------------|
| 1. The name of the corporation: TOTAL KNOCK OUT, INC. | | |
| 2. The principal office address: 255 NE 2 AVE# 237 DELRAY BEACH, FL 33444 | | • |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 1/7/2002 Document number: Po 2 000 | 00, | 161 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | |
| JAHICE M GOATLEY 501 GrEENSWARD LANE, 103-C DELRAY BEACH, FL 33445 | 05 DEC 2 | DIVISION OF |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DAVID W. LANGLEY BIBI W. Broward BLVD. Suitesed (P.O. Box NOT acceptable) PLANTATION, FL 33324 | PM 4: 09 | ORPORATIONS |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical. | agent | , |
| 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 an officer of director) 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 perfoof my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered office address, I hereby confirm to corporation has been notified in writing of this change. | rmanc ; if the | ee is e |
| (Signature of Registered Agent) If signing on behalf of an entity: See Armsche D | | • |
| (Typed or Printed Name) | | |

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

CONSENT TO SERVE AS REGISTERED AGENT FOR TOTAL KNOCKOUT, INC.

Having been named in the state of Florida as registered agent and to accept service of process for the above stated corporation, 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.

Date: 10/7/05

Signature of Registered Agent [INCLUDE TITLE IF

SIGNING FOR CORPORATE REGISTERED AGENT]