

P02000082482

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -1 PM 1:10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

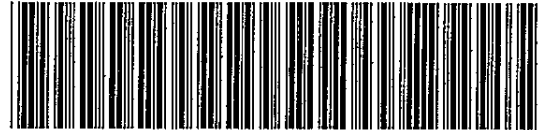
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800017087938

05/01/03--01035--009 \*\*35.00

RA Chg.

V SHEPARD MAY 6 2003

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FIRST COAST MARTIAL ARTS AND FITNESS INC.  
(Name of corporation)

DOCUMENT NUMBER: P02 0000 82482

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:

MICHAEL WHITNEY OLIVER  
(Name of person)

FIRST COAST MARTIAL ARTS AND FITNESS INC.  
(Name of firm/company)

1301 SUITE 9/10 MONUMENT RD.  
(Address)

JACKSONVILLE, FLORIDA 32225  
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL W. OLIVER at ( 904 ) 542-4356  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST COAST MARTIAL ARTS AND FITNESS INC.  
2. The principal office address: 1301 SUITE 9/10 MONUMENT RD.  
JACKSONVILLE FLORIDA 32225  
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: JULY 30, 2002 Document number: P02000082482  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~DEBORAH D. SKIPPER~~ Corporation Service Co.  
~~THE COMPANY CORPORATION~~ 1201 Hays St.  
~~2711 CENTERVILLE RD. SUITE 400~~ Tallahassee, FL 32301  
~~WILMINGTON, DE 19805~~

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL W. OLIVER  
1301 SUITE 9/10 MONUMENT RD.  
(P.O. Box or personal mailbox NOT acceptable)  
JACKSONVILLE, FLORIDA 32225

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.

Michael W. Oliver  
(Signature of an officer, chairman or vice chairman of the board)

MICHAEL W. OLIVER  
(Printed or typed name and title)

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.

Michael W. Oliver  
(Signature of Registered Agent)

22 APRIL 2003  
(Date)

If signing on behalf of an entity:

MICHAEL W. OLIVER  
(Typed or Printed Name)

VICE PRESIDENT  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314