P20000000275

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C. GOLDEN JUN 23 2020

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Change of Registered Agent for TKO Name of Corporation	Martial Arts Academy, Inc.
DOCUMENT NUMBER: P20000000275	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Wallace Westall	
Name of Contact Person	
TKO Martial Arts Academy, Inc.	
Firm/Company	
12830 Kings Lake Drive	
Address	
Gibsonton, Florida 33534	
City/State and Zip Code	
wwestall1@yahoo.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	ease call:
Wallace Westali	at (813) 951-6523 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the E	Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corp	.0502, 617.0502, 607.1508, or 617.1508, Florida Statut poration organized under the laws of the State of Flori	da	
		office or registered agent, or both, in the State of Floria	'a.	
1. The name of	the corporation: TKO Mar	tial Arts Academy, Inc.		
2. The principal	office address: 12830 Kii	ngs Lake Drive Gibsonton, Florida 33534		
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 1/02/2020 Document number: P2000000			5	
	d street address of the currentment of State: (If resigned	ent registered agent and registered office on file with the d, enter resigned)	e e	
	Business Filings Incorpora	ted	<u></u>	
1200 South Pine Island Road			3677 mm -8	
	Plantation, Florida 33324		.;	
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered office	PH 3	
	Wallace Westall		9	
	12830 Kings Lake Drive			
		P.O. Box NOT acceptable		
	Gibsonton, Florida 33534			
The street addreas changed will	ess of its registered office be identical.	and the street address of the business office of its regi	istered agent,	
Such change wa authorized by the	as authorized by resolutione board, or the corporation	n duly adopted by its board of directors or by an offic on has been notified in writing of the change.	er so	
(Illun)		Wallace Westall Secretary	Wallace Westall Secretary	
Signatu	re of an officer or director	Printed or typed name and title		
i juriner agree of my duties, an document is bei	the appointment as regist to comply with the provisi ad I am familiar with and a ing filed merely to reflect is s been notified in writing a	tered agent and agree to act in this capacity, ions of all statutes relative to the proper and complete accept the obligation of my position as registered age a change in the registered office address. I hereby confithis change.	e performance nt. Or, if this afirm that the	
(MA)	na o	06/01/2020		
,	half of an antity	Date		
	half of an entity:			
Wallace Westall				
1	yped or Printed Name			

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