P20 0000 11394

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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ertified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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Office Use Only								



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change of Registered Agent for TKO Tackwondo II, Inc. Name of Corporation
DOCUMENT NUMBER: P20000011394
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:
Wallace Westall
Name of Contact Person
TKO Fackwondo II, 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, please call:
Wallace Westall 951-6523
Wallace Westall Name of Contact Person at (813) 951-6523 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	inge is submitted	d for a corporation or	0502, 607.1508, or 61 ganized under the law gistered agent, or both	s of the State of	Florida	a	
	_			,			
TKO Taekwondo II, Inc. Tko Taekwondo II, Inc. Tko Taekwondo II, Inc. Tko Taekwondo II, Inc. Tko Taekwondo II, Inc.							<u>-</u>
3. The mailing a	ddress (if differ	ent):					
4. Date of incorp	poration/qualific	eation: 2/10/2020	Document no	umber: P200000	011394		
5. The name and	l street address o		ed agent and registered				
	Business Filings	s Incorporated					
	1200 South Pine	e Island Road			_		
	Plantation, Flori	ida 33324				2020 .	 -
6. The name and (if changed):	l street address o	of the new registered a	agent (if changed) and	/or registered of	ffice	2020 JUH -8	
	Wallace Westal	t			· -	.e HV	
	12830 Kings La	ike Drive			- 5 - 5	<u>ب</u>	
			Box NOT acceptable		- 	9	
	Gibsonton, Flor	ida 33534			_		
The street address changed will	ess of its register be identical.	red office and the str	eet address of the bus	iness office of i	its regist	tered ag	ent,
	1	resolution duly adop corporation has been	oted by its board of di notified in writing of	rectors or by ar f the change.	officer	`so	
1 1// 56 79	Mrs		Wallace Westall	President			
	re of an officer or dire			f or typed name and i			
oj my auties, an document is bei	a i am jamutar ng filed merely	it as registered agent the provisions of all s with and accept the i to reflect a change in m writing of this chan	and agree to act in the tatutes relative to the obligation of my posit the registered office ge.	his capacity. proper and con ion as registere address, I here	mplete p ed agent by conf	perform t. Or if irm that	ance this the
MA	www		06/0	01/2020			
Sigi	nature of Registered A	Agent		Date			
If signing on be	half of an entity	<i>r</i> :					
Wallace Westall							
Ty	ped or Printed Name						

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