P24159

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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SECRETARY OF STATE TALLAHASSEE, FLORIDA	
"ALLAHASSEE, FLORIDA	
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Corporation(s) Name		
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	()Amendment	/ IMesser 20
()Profit ()Nonprofit	()Amendment	
()Foreign ()LLC	()Dissolution ()Withdrawal	CT - 2 AN III: E
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	()UBR ()Fititious Name	()Other Ch. RA
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Jeffrey Butterfield

Thank You!

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0 undersigned corporation organized under the laws of the	
submits the following statement in order to change its r	
State of Florida.	
1. The name of the corporation is: WORLD CHAMPIONS	HIP WRESTLING, INC.
2. The mailing address of the corporation is: 2865 Log Co	abin Drive, Smyrna GA 30080
3. Date of incorporation/qualification: October 11,1988	Document number: P24159
4. The name and address of the current registered agent	and office:
NRAI SERVICES, INC.	
526 E. Park Avenue	SEP P
Tallahassee, FL 32301	
5. The name and address of the new registered agent an	d office: (P. O. Box Not Acceptable)
CT Corporation System	P. 07
1200 South Pine Island Road	
Plantation, FL 33324	
The street address of its registered office and the stre agent, as changed, will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adop authorized by the board	ted by its board of directors or by an officer so
	10/6/2000
Signature of an officer, chairman or vice chairman or	f the board) (Date)
Spencer B. Hays, Vice President	10/6/2000
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept corporation, I hereby accept the appointment as reg I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an registered agent.	istered agent and agree to act in this capacity. tatutes relative to the proper and complete
(Signature of Registered Agent)	
If signing on behalf of an entity: ASSISTANT SI	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00