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## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>`</b>	
SUBJECT: EA FITNESS LLC (Name	e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
Eric Allen		
(Name of Person)		
EA FITNESS LLC (Firm/Company)		
10973 Winter Crest Dr.		
(Address)		
Riverview, FL 33569		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Eric Allen	at ( 813 ) 321-8755	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301  Enclosed is a check for the follow	ving amount.	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•		
1. Name of the limited liability company: <b>EA FITNE</b>	ESS LLC	•
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 10973 Winter Crest Dr. Riverview, FL 33569	a 6
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 1344 Riverview, FL 33569	0 0
August 12, 2014	L14000126162	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State Co	
Registered Agent:	Elizabeth A Smith	t
Registered Office Address:	Corporation Service Company  1201 Hays St.  Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Eric Allen	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10973 Winter Crest Dr.	
(MOST BE TECKIDA STREET ADDRESS)	Riverview 5,FL 33569	
If the limited liability company is not organized under that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	reet address of the registered office and the busines e case of a Florida limited liability company, it is	SS
Eric Allen (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positiff. S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, an on as registered agent as provided for in Chapter a change in the registered office address, I hereby fied in Writing of this change.	nd I 608,
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00