## L/16000 232576

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
Unstoppable Fitbaby LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Fabiola Barinas							
Name of Person							
Firm/Company							
5741 SW 8 St							
Address							
Miami, FL 33144							
City/State and Zip Code							
ajohnson@ljcooper.com							
E-mail address: (to be used for future annual report	rt notification)						
For further information concerning this matter, please c	all:						
Annie Johnson S(	01 221-2939						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount	l:						
<b>■</b> \$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 605.0114 or 605.0116, 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.

2. (a)			(b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ——	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	5741 SW 8 St		5741 SW	8 St	
	Miami, FL 33144		Miami, F	L 33144	
	12/27/2016		L16000233	2576	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida Fabiola Barinas	4.		Document number	
	Registered Agent and Registered Office shown on the records  Registered Office Address (MUST BE FLORIDA STREE				
	7801 SW 131 St	1 ADDAL	<u> 1557</u>		
	Pinecrest	33156 FL_		2020 HAY	engen
(b)	Fabiola Barinas			AHASS	
. , ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	iddress:	2 AM 8: SEE, FLO	
	NEW Registered Office Address: 5741 SW 8 St			- <del>"</del> <del>"</del> <del>"</del> <del>"</del>	
	Miami, I	FL_33144		_	
change agent w was/we	mited liability company is not organized under the l or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registe liability o s of the li	red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	Fabiola Barinas			Fabiola Barinas	
	ure of a member or authorized representative of a member			Printed or typed name of signee	_
I hereb provisio	ny accept the appointment as registered agent and a cons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a charge in the registered office address,	gree to ac le perforn	rt in this cap nance of my	acity. I further agree to comply with t duties, and I am familiar with and acc	ie ept

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

Signature of Registered Agent