L170001713792

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
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2024 SEP 12 PH 12: 28

COVER LETTER

TO:	Registration Section Division of Corporations		
SUR.	BodyK, LLC		
	Na	me of Limited Liability	Company
DOC	UMENT NUMBER: L170001779	2	
The e	nclosed Resignation of Registere ling.	d Agent for a Limited	d Liability Company and fee are submitted
Pleas	e return all correspondence conce	erning this matter to t	he following:
Nathai	niel R. Pierce. Manager of the General I	Partner of a Manager	
_	Name of Person		-
LGP V	entures I. LP		
	Name of Firm/Compo	any	-
101 W	Main Street, Suite 101		
	Address		-
Norfol	k, Virginia 23510		
	City/State and Zip Co	ode	-
qkalisl	n@piercejewett.com		
1	-mail address: (to be used for future an	nual report notification)	-
For fu	orther information concerning thi	s matter, please call:	
Nathai	nieł R. Pierce	757	216-0226)
	Name of Person	Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the ty-company or \$25.00 for an admid liability company.	ne Florida Departmen ninistratively dissolve	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn
	Mailing Address		Street Address:

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

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.

1. Na	ame of the limited liability company: BodyK, LLC				
2. (a)	BodyK, LLC	((b)	BodyK, LL	LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9310 SW 70th Street			931 SW 70	oth Street
	Miami, FL 33173	<u> </u>		Miami, FL	33173
	08/14/2017		1	.170001727	792
3.	Date of filing/registration in Florida	4.	_	I	Document number
5 (a)	Scala Strategic Solutions, LLC				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	ia I	Dept. of State:	: :
	Maria I Martinez			2021	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SE F
	9310 Southwest 70th Street				
	Miami , FL	33173			FILED 2024 SEP 12 PH 12: 2
	Incorporating Services, Ltd.				112:3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	28
	NEW Registered Office Address:				
	1540 Glenway Drive				
	1340 Gichway Dilve				
	Tallahasse , FL	32301			
		^			
change	imited liability company is not organized under the law or changes are made, the Florida street address of the	register	red	office and	the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	bility co	on	ipany, it is l	hereby confirmed that the change(s)
was we the arti	cles of organization or the powerting agreement of the	limited	lia	bility comp	pany.
	1/hb///	Na	tha	niel R. Piero	ce
Signat	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. I h	つクアリハアロロ	777	ce of mu di	uties, and i am tamiliar with and accen
notified	on behalf of: Incorpo	rating S	Se	rvices, Ltd.	
	nala fanchambault, Amanda Archambaul re of Registered Agent	t, Assis	stai	nt Secretary	y

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L1700017792	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Nathaniel R. Pierce, Manager of the General Partner of a Manager	
Name of Person	-
EGP Ventures I. LP	
Name of Firm/Company	-
101 W Main Street, Suite 101	
Address	-
Norfolk, Virginia 23510	
City/State and Zip Code	-
qkalish@piercejewett.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Nathaniel R. Pierce 757	216-0226
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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	9310 SW 70th Street			931 SW	70th Street
	Miami, FL 33173	_		Miami, F	L 33173
	08/14/2017		I	_1700017	2792
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	Scala Strategic Solutions, LLC				
J. (a)	Registered Agent and Registered Office shown on the records of the	he Flor	rida l	Dept. of Sta	ite:
	Maria I Martinez				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>:SS</u>)		- 200 M
	9310 Southwest 70th Street				司 第 五
	Miami, FL_	33173	3		2024 SEP 12 PM 12: 28
(b)	Incorporating Services, Ltd.				P 12:
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				28
				_	_
	NEW Registered Office Address:				
	1540 Glenway Drive				_
	Tallahasse , FL	32301			_
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liable of the	registe pility the li imited	ered com imite d lia	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signati	ure of a member or authorized representative of a member	-			Printed or typed name of signee
I hereb provision the oblit to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. On behalf of: Incorporation for the property of the change of the change.	erfori for in reby	man Ch conj	ce of my apter 605 firm that vices I t	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent