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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

LLC REGISTERED AGENT CHANGE FLOURISH FITNESS LYL L.L.C.

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10/21/2024 © 0.03:47 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	une of the limited liability company: _FLOURISH FITNE	SS LYL L.L.C.				
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)			
		10/07/2024	L24000431	812			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET AL	e Florida Dept, of Sta	2024 OCT 21 PH 4: 16 SIGNATOR OF STATE TALLAHASSEE, FL			
		JACKSONVILLE FL Registered Agents Inc	32202	CT21 PH 4: 16 CT21 PH 4: 16 AHASSEE, FL			
		Enter name of NEW Registered Agent and/or NEW Registered Control of NEW Registered Control of NEW Registered Control of NEW Registered Office Address:		65			
		STE 300		_			
		St. Petersburg , F1, 3	33702	_			
the age wa	cha ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	he registered offic bility company, it the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
	Signar	ture of a member or authorized representative of a member	Robin Jones	Printed or typed name of signee			
II pro the to	terei ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	e to act in this cap erformance of my for in Chapter 60 erchy confirm that	pacity. 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			
T	ovid	David Roberts - Assistant Sec	cretary				