

M130000000627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

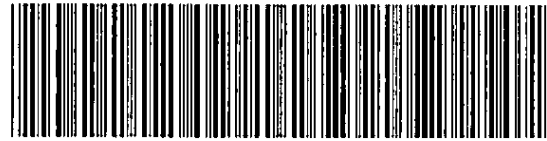
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

2024 JUN 26 PM 3:10

RECEIVED

R. HUNT
06/26/24

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PF PALM COAST, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000000627

3. Jurisdiction of its organization: New Hampshire

4. Date authorized to do business in Florida: 01/30/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PALM COAST FITNESS, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sean Cahill

Signature of the authorized representative

Sean Cahill

Typed or printed name of signee

Filing Fee: \$25.00

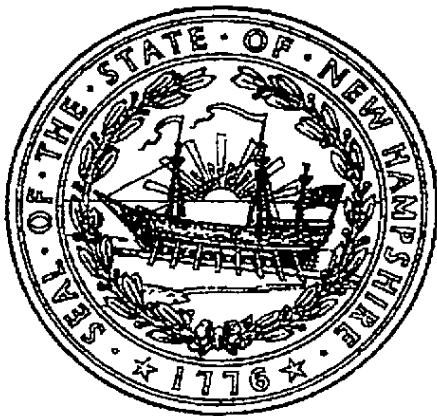
State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that PALM COAST FITNESS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 07, 2013. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 684548

Certificate Number: 0006711381

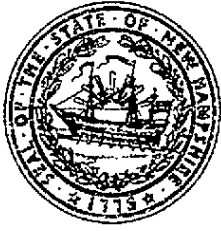


IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of June A.D. 2024.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State



State of New Hampshire

Department of State



Business Name : PALM COAST FITNESS, LLC

Business ID : 684548

Filing History

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0006709219	06/07/2024	06/07/2024	Amendment	N/A
0006569169	02/08/2024	02/08/2024	Annual Report	2024
0006412911	01/03/2024	01/03/2024	Annual Report Reminder	N/A
0006106054	02/03/2023	02/03/2023	Annual Report	2023
0005972387	01/05/2023	01/05/2023	Annual Report Reminder	N/A
0005670853	02/15/2022	02/15/2022	Annual Report	2022
0005542244	01/09/2022	01/09/2022	Annual Report Reminder	N/A
0005358300	04/27/2021	04/27/2021	Annual Report	2021
0005172532	01/17/2021	01/17/2021	Annual Report Reminder	N/A
0004950792	07/07/2020	07/07/2020	Registered Agent Change	N/A
0004936394	06/24/2020	06/24/2020	Annual Report	2020
0004731117	01/07/2020	01/07/2020	Annual Report Reminder	N/A
0004512033	05/08/2019	05/08/2019	Annual Report	2019
0004341059	01/02/2019	01/02/2019	Annual Report Reminder	N/A
0004022715	02/27/2018	02/27/2018	Annual Report	2018
0003741867	01/01/2018	01/01/2018	Annual Report Reminder	N/A
0003542745	03/16/2017	03/16/2017	Annual Report	2017
0003549105	03/09/2017	03/09/2017	Registered Agent Change	N/A
0003392747	12/25/2016	12/25/2016	Annual Report Reminder	N/A
0003218720	01/19/2016	01/19/2016	Annual Report	2016
0003058923	03/03/2015	03/03/2015	Annual Report	2015
0002958398	02/14/2014	02/14/2014	Annual Report	2014
0002958397	01/07/2013	01/07/2013	Business Formation	N/A



State of New Hampshire
Department of State



Trade Name Information

Business Name	Business ID	Business Status
No Trade Name(s) associated to this business.		

Name History

Name	Name Type
PF PALM COAST, LLC	Prev Legal

Principal Information

Name	Title
Timothy Kelleher	Manager
Sean Cahill	Manager