

Florida Department of State?

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(((H190001070243)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866 2689

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE MYFIT REALTY HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

From: GFI FaxMaker

To: 8506176383

Page: 3/4

Date: 4/1/2019 8:37:10 AM

H19000107024 3

COVER LETTER

SUBJECT:	MyFit Realty Holdings LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regist	ered Office Change and fee(s) are submitted for filing.
Pease return all correspondence conce	iming this matter to the following.
Kathy Shin	
Name of Perso	
InCorp Services	s, Inc.
Firm/Compan	s, Inc.
3773 Howard Hughes Pk	wy., Suite 500S
Address	
Las Vegas, NV 891	169-6014
City/State and Zip	
documents@inco	orp.com
E-mail address: (to-be used for fi	iture annual report notification)
For further information concerning thi	s matter, please call:
Kathy Shin for InCorp Services	s, Inc. at (800) 246-2677
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR	ESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassec, Florida 52301	Tallahassee, Florida 32314
Enclosed is a check for the f	oflowing amount:
☑ \$25 Filling Foo	S55 Filing Fee & Certified Copy
INHS18 (2/14)	H49000407024 3

H19000107024 3

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	ime of the limited liability company: MyFit R	ealty Hol	dings LLC	
2. (a)	330 Washington St PMB #393 Hoboken, Principal office address of limited limbility compar (Note: MUST BE STREET ADDRESS)	NJ 07 <u>0</u> 30	(h) <u>330 Wa</u>	shington St PMB #393 Hoboken, NJ 07930 Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	114 Bloomfield St. Apt 3, Holod	en NJ		
	0703	30		
			2 Mar - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887	
	07/30/2018		M18000	0007332
.1	Date of filing/registration in Florida	4	1	Document number
5, (a)	REGISTERED AGENTS INC.			APPR SECOND
•	Registered Agent and Registered Office shown on the rec	ords of the F	larida Dept. of St	ale: P
	7901 4TH STREET NORTH SUITE 30			- ER P TAR
	Registered Office Address (MUST BE FLORIDA ST	<u>REET ADII</u>	<u>K(22)</u>	
	The state of the s			
	ST.PETERSBURG	FL	33702	MIN: OF
	Lu Carra Carriana Inn			
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Reg	gistered Offi	ce address:	-
	17888 67th Court North			
	NEW Registered Office Address:			
		r projection and the		
	Laurahatahaa	FT 1	22470	
	Loxahatchee			• •
the ch ngcnt was/w	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the merticles of organization or the operating agreement	lress of the rited liabil obers of th	registered off ty company, i e limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
				Lenora Boney Printed or typed name of signee
स्थात स	along of a rhounder or authorized representative of a member	r mofantens	s act in this ca	•••
- me on - to mu	the accept the appaintment as registered agent a tions of all statutes relative to the proper and co- ligations of my position as registered agent as p elvreflect a change in the registered office add at in prining all his change.	mi agyee a mplete per provided fo ross, I here	o act in mis co formance of m r w Chapter 6 by confirm the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signat		<u>ith</u> y Shin	on behalf of l	nCorp Services, Inc.
	Division of Corporations•	P.O. Box		passee, FL 32314

INFISTS (2/14)

H19000107024 3