## - 2100000054677

(Requestor's Name)						
(Address)						
(Addi	ress)					
(City/	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Fi	ling Officer:					
		į				

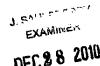
Office Use Only



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12/27/10--01027--010 \*\*25.00

2010 DEC 27 PH 3: 22



## **COVER LETTER**

TO:	Registration Section Division of Corporations									
SUBJECT: Advanced Performance Training										
		Name of Lim	nited Li	abili	ity C	Company				
Dear	Sir or Madam:									
The e	nclosed Registered Agent/R	egistered Offi	ce Cha	nge	and	fee(s) ar	e submit	ted for	filing	
Please	e return all correspondence	concerning thi	s matte	r to	the t	followinį	g:			
	Brennen G	rubbs		•	_		-			
	Name of Perso	n								
	Advanced Performa		1		_				ر جسن	20
	Firm/Company	ý							1	=
<u></u>	4874 SE Heartle	af Terrace	·FN		_					2013 DEC 27
										7
	Hobe Sound, F	L 33455			_				7.7	3: 22
	City/State and Zip	Code								N
Е	apt4athletes@c -mail address: (to be used for future	mail.com annual report notifi	ication)		_					
For fu	orther information concerning	g this matter,	please	call:						
	Brennen Grubbs	a	t ( <u>7</u>	72			285-9			
	Name of Person			•	Area (	Code & Day	time Telep	hone Nu	ımber	
	STREET/COURIER ADD	RESS:		MA	ILIN	NG ADDI	RESS:			
	Registration Section		Registration Section							
	Division of Corporations		Division of Corporations							
	Clifton Building		P.O. Box 6327							
	2661 Executive Center Circl	e		Talla	ahass	see, Floric	da 32314			
	Tallahassee, Florida 32301									
	Enclosed is a check for t	he following a	mount	t:						
	\$25 Filing Fee			\$5:	5 Fil	ling Fee	& Certifi	ied Co	ру	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	Advanced Pertormance	: Iraining, LLC
2. (a) Principal office address of limited liability	company: 6503	North Military Trail
(Note: MUST BE STREET ADDRESS)	APT 1001 Boca R	aton, FL 33496
(b) Mailing address of limited liability compa	ny: <u>4874 Heart</u>	leaf Terrace
(Note: MAY BE POST OFFICE BOX)	Hobe Sound, FL 3	33455
May 20, 2010	L1000	00054677
3. Date of filing/registration in Florida	4. Document numbe	r
5. (a) Registered Agent and Registered Office sl	hown on the records of the Flo	rida Dept. of State:
Registered Agent:	Brennen Grubbs	
Registered Office Address:	6503 North Militan	y Trail
-	APT 1001 Boca R	aton, Fl 33496
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	4874 Heartleaf Te	
<u>(MUST BE FLORIDA STREET ADDRE</u>	Hobe Sound	,FL33455
If the limited liability company is not organized u confirmed that after the change or changes are ma and the business office of the registered agent wil liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	ide, the Florida street address of	of the registered office of a Florida limited I by an affirmative vote articles of organization
Brenner C. Swift		
Signature of a member or authorized representative of a member		
Brennen C Grubbs		627 838
Printed or typed name of signee		mg. <del>-u</del>
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Signature of Registered Agent	_	

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