I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

BIGINATURE. REINDRA LAGRANDE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000037838

Entity Name: THRIVE MYOFASCIAL RELEASE, LLC

Current Principal Place of Business:

9170 OAKHURST RD. #2A SEMINOLE, FL 33776

Current Mailing Address:

13998 103RD AVE LARGO, FL 33774 US

FEI Number: 47-3340798

Name and Address of Current Registered Agent:

LAGRANDE, DREW 13998 103RD AVE LARGO, FL 33774 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

				•	
	SIGNATURE:	DREW LAGRANDE			02/05/2021
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	MGR	Title	MGR	
	Name	LAGRANDE, KENDRA P	Name	LAGRANDE, DREW	
	Address	13998 103RD AVE	Address	13998 103RD AVE	
	City-State-Zip:	LARGO FL 33774	City-State-Zip:	LARGO FL 33774	

triat my name appears above, or on an attachment with all other like empowered.
SIGNATURE: KENDRA LAGRANDE MANAGER

Date

02/05/2021

FILED Feb 05, 2021 Secretary of State 5082543643CC

Certificate of Status Desired: No