that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET D'IORIO

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 84-3721676 Certificate of Status Desired: No Name and Address of Current Registered Agent:

DOCUMENT# L19000274216

Current Principal Place of Business:

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	KOWALSKI, TODD J	Name	D'IORIO, JANET C
Address	2169 PINE RIDGE DRIVE	Address	2169 PINE RIDGE DRIVE
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763

FILED Mar 19, 2020 Secretary of State 9152954711CC

Date

03/19/2020

Date

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

AMBR

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SECOND CHANCE FITNESS AND WELLNESS LLC

2169 PINE RIDGE DRIVE CLEARWATER, FL 33763

Current Mailing Address: 2169 PINE RIDGE DRIVE CLEARWATER. FL 33763 US

D'IORIO, JANET C 2169 PINE RIDGE DRIVE CLEARWATER, FL 33763 US