FEI NUITIDEL.	04-1044400	Certificate of Status Desired
Name and Ad	dress of Current Registered Agent:	
CORPORATION S 1201 HAYS STRE TALLAHASSEE, F		
The above named e	ntity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE:		
	Electronic Signature of Registered Agent	

#### **Officer/Director Detail :**

Title	PRESIDENT	Title	CFO
Name	SPIEKER, GREGG	Name	PETERSON, SARAH
Address	861 SOUTH PARK DR # 100	Address	861 SOUTH PARK DR # 100
City-State-Zip:	LITTLETON CO 80120	City-State-Zip:	LITTLETON CO 80120

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: SARAH PETERSON

Electronic Signature of Signing Officer/Director Detail

# Entity Name: ADVANCED HEALTHSTYLES FITNESS EQUIPMENT, INC. **Current Principal Place of Business:**

861 SOUTH PARK DR # 100 LITTLETON, CO 80120

#### **Current Mailing Address:**

861 SOUTH PARK DR # 100 LITTLETON, CO 80120

## FEI Number: 84-1344433

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FILED Jan 13, 2023 Secretary of State 6513498290CC

Date

Certificate of Status Desired: No

01/13/2023 Date