L02000020601

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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. The name of the limit	ed liability company is:	PALM	COAST HEALTH 8	FITNESS	, LLC	 .	
2. The mailing address of							
5 Utility Drive, Suite 1	, Palm Coast, Florida	32137		_	• =		
8/13/02		L02000020601					
3. Date of filing/registration in Florida		4. Document number					
5. The name of the regist Florida Department of	ered agent and the regis State: Wendi B. Ankrom	stered offic	e address as shown o	on the record	ds of	the	
	5 Utility Drive, Suite			Z	7A2C 03		
Address Palm Coast, Florida 32137 City, State and Zip					APR -	7	
6. The name and address of the new registered agent and/or office: Scott Guick Name Sufficiency Drive, Scitter. Florida street address (P.O. Box NOT acceptable)					7 M 7: 40	Ü	
	PALL COAST		32137	. , , ,			
If the limited liability conconfirmed that after the confirmed that after the condition of the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or authority)	thange or changes are me of the registered agent with the registered agent with the red liability company or to the limited liability confirmed that the limited liability confirmed the liability con	tade, the Fill be ident change(s) as otherwith ompany.	lorida street address	of the regist	ered (office	
Printed or typed name of signee I hereby accept the appointment of the provision of the pr		gent and a	– gree to act in this ca pper and complete po	pacity. I fur erformance	rther of my	agree to	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Infereby compr	iy accep t ine obligation this document is being) That the limited Habilit	is of my po filed to me ty compan	smon as registered c rely reflect a change y has been notified in	igent as pro in the regis i writing of	viaed tered this c	jor in office hänge.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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