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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2004

CPD FITNESS, LLC 13245 ATLANTIC BLVD., SUITE 4-306 JACKSONVILE, FL 32225

SUBJECT: CPD FITNESS, LLC Ref. Number: L02000035071

We have received your document for CPD FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 704A00035730



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.

agent, or both, in the State of Fiortaa.	
1. The name of the limited liability company is:	CPD FILMESS, LLC
2. The mailing address of the limited liability compar	ny is: 13245 Atlantic
	-306
4/30/04	202000 3507/
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	
1200 Pine Plantation	ne Island Ril
Plantation City, State	F/ 33324 and Zip ===================================
6. The name and address of the new registered agent a	至帝 ⊆ 1
<u>Craig</u> Pep	in-Donat & 5
Name 13245 A+2 Florida street address (P.C). Box NOT acceptable)
Jacksonville FL	
City, State a	
If the limited liability company is not organized under	

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Craig Pepin-Dona

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)