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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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SECRETARY OF STATEMS
OF JUL 30 AM 10: 50

COVER LETTER

TO:	Registration Division of 0						
	JECT:			GYMUASTICS		LLC	
•		(N	ame of Li	mited Liability Com	pany)		
Dear	Sir or Madam:						
Dvu	on or waddin.						
The e	enclosed Regist	ered Agent/Reg	istered Of	fice Change and fee	(s) are submit	tted for filing.	
Pleas	e return all cor	respondence con	ncerning th	his matter to the follo	owing:		
					J		
							•
	MICHEL	(Name of Person)	وينخ				SI SIE
		(Name of Person)					
							-3(
							
		(Firm/Company)					五百
	1,21,2	Nymus	<i></i>				OT JUL 30 AH 10: 50
	4343	(Address)	CI				_
		• /					
	PALM	HARROR	FL	34685			
·	((City/State and Zip Co	ode)				
For fu	urther informati	ion concerning	this matter	, please call:			
U	CHELE M.	BURNS		at (727) <u>7</u>	417-1 `	741-104	4
		e of Person)		(Area Co	ode & Daytin	ne Telephone	Number)
		URIER ADDRI	ESS:	MAILING A			
	Registration S Division of Co			Registration Division of O			
	Clifton Buildi			P.O. Box 633			
	2661 Executiv	e Center Circle			Florida 32314	,	
	Tallahassee, F	Torida 32301					
	Enclosed is a	a check for the	following	amount:			
	☐\$25 Filing	; Fee		\$55 Filing	Fee & Certif	ied Copy	

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 limited liability company is: OLASMAR BOYS GYMUNS	FICS CLUB.LL
2. The mailing address of the limited liability company is: 4343 HYTHE CT	
PALM HARBOR FL 34685	•
3. Date of filing/registration in Florida LOS 0000688 4. Document number	348
5. The name of the registered agent and the registered office address as shown on the re Florida Department of State:	cords of the
JOHN H. BRYAN, E.A. Name	
Name 222 II RECULED PAAN	
Address	O DIV
222 N. BELCHER ROAD Address CLEARWATER FL 33765 City, State and Zip	OT JUL 30 AM 10: 50
6. The name and address of the new registered agent and/or office:	OF CO
1	PROPERTY.
ALEXANDRE POTA POV Name 805 STEVENS AVENUE	A TO
ANS STAIFAL AUFAUF	S ST
Florida street address (P.O. Box NOT acceptable)	o 45
01 A C 11 1 D TT 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
OLDSHAR FL 34677 City, State and Zip	
•	
If the limited liability company is not organized under the laws of the State of Florida, i confirmed that after the change or changes are made, the Florida street address of the re and the business office of the registered agent will be identical. Or, in the case of a Floridability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.	t is hereby gistered office rida limited affirmative vote of organization
(Signature of a member or authorized representative of a member)	
HOW IN ALPHA	
PRIC H. BURNS (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the readdress, I hereby confirm that the limited liability company has been notified in writing	l further agree to ice of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00