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| (Re | equestor's Name) | | | | | | |
|---|-------------------|-------------|--|--|--|--|--|
| (Ad | dress) | | | | | | |
| (Ad | idress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bu | siness Entity Nar | ne) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | | | | | | |
|-------------|--|-----------------------------------|--|--|--|--|--|
| SUBJEC | FitnessU LLC | | | | | | |
| | | Name of Limited Liability Company | | | | | |
| Dear Sir | or Madam: | | | | | | |
| The encl | osed Registered Agent/Registered | Office Change and | d fee(s) are submitted for filing. | | | | |
| Please re | turn all correspondence concernin | g this matter to the | following: | | | | |
| Dale Seib | œl | | | | | | |
| | Name of Person | u <u>.</u> | | | | | |
| FitnessU | | | | | | | |
| | Firm/Company | | - | | | | |
| 2340 Rab | bit Hollowe Circle | | | | | | |
| | Address | | _ | | | | |
| Delray Be | each, FL 33445 | | | | | | |
| | City/State and Zip Cod | ie | | | | | |
| FitnessUl | LLC@gmail.com | | | | | | |
| E-n | nail address: (to be used for future | annual report noti | fication) | | | | |
| For furth | er information concerning this ma | tter, please call: | | | | | |
| Dale Seib | oel | 561 at (| 350-1961 | | | | |
| | Name of Person | at (| Area Code & Daytime Telephone Number | | | | |
| ī 1 1 | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| I | Enclosed is a check for the follow | ing amount: | | | | | |
| 6 | ■ \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | | |
| INHS18 (| 2/14) | | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| . Na | me of the limited liability company: FitnessU LLC | | | | | | |
|---|---|---|---|---|---|-------------------------------------|------------------------------------|
| | 2340 Rabbit Hollowe Circle, Delray Beach FL 33445 | | 2340 Rabb | oit Hollowe Circle, De | lray Bead | h, FL | 33445 |
| ·· (u) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ \ | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | _ | | | | | |
| | 4/2/2007 | | L070000347 | | | | |
| | Date of filing/registration in Florida | 4. | | Document number | | | |
| . (a) | Corporation Services Company | | | | | | |
| | Registered Agent and Registered Office shown on the records of t Corporation Services Company | the Florid | la Dept. of State | : : | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>ADDRES</u> | <u>(S)</u> | - | SEC! | 2020 1 | L. se take |
| | Tallahassee . FL | 32301 | | - | SVH | 2020 MAY 2 | |
| (b) | Dale F. Seibel Enter name of NEW Registered Agent and/or NEW Registered | Office a | ddress: | - | | AM 7: 17 | |
| | Dale F. Seibel | | _ | _ | | | |
| | NEW Registered Office Address: | | | | | | |
| | 2340 Rabbit Hollowe Circle | | | . | | | |
| | Delray Beach , FL | 33445 | | _ | | | |
| hange gent w vas/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liarce authorized by an affirmative voic of the members of cles of organization or the operating agreement of the | register bility confithe lindiged limited | red office and ompany, it is nited liability | d the business office thereby confirmed to y company or as oth | of the rank | egister :hange | ed (s) |
| Signat | ure of a member or authorized representative of a member | _ | | Printed or typed name | of signee | | |
| rovisio he obli o mere otified | ov accept the appointment as registered agent and agreems of all statutes relative to the proper and complete gations of my personal registered agent as provided by reflect a change in the registered office address, I have the proper of Registered Agent | ee to ac perform I for in aereby c | et in this cape nance of my c Chapter 605 confirm that i | ncity. I further agre duties, and I am fam h, F.S. Or, if this doc the limited liability o | e to com iliar wit cument i. company | ply wi h and s being has b | th the accept g filed een |