## L0800013009

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

Office Use Only



700274325857



06/29/15--01031--014 \*\*25.00



JUN 3 0 2015

S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>CROSSFIT</u> Name	FORT MYERS LLC of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	JASON COBB  Name of Person	
	CROSSFIT FORT MYBRS Firm/Company	<u>u</u> C
126	OI METRO PKWY, STE Address	#3
FOR	T MYERS, FL 3396 City/State and Zip Code	6
<u>jas</u>	on @ crossfitfortmyer -mail address: (to be used for future annu-	S. COW all report notification)
For fur	ther information concerning this matter, p	lease call:
	SASON COBIS  Name of Person	at ( 239 ) 223 - 4255 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following a	mount:
	\$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

1. Na	Name of the limited liability company:	BRT	MYERS	4
2 (a)	(a) (b)			
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company: BE POST OFFICE BOX)
	12601 METRO PKWY, STE#3	12601	METRO	PKWY, STE #3
	FORT MYERS, FL 33966	FORT	MYERS,	FL 33966
		L08	80000	13009
3.	Date of filing/registration in Florida 4.		Document no	umber
5. (a)	(a)		_	
		Dept. of Sta	te:	
	JASON GOTSB	·		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	12451 METRO PKWY, STE #108		<del></del>	200 苗
	FORT MYERS ,FL 33	966	<del></del>	
(h)	<b>(L)</b>			23 5
(0)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office addr	<u>'ess</u> :	_	
		_		4 70
				The same
	NEW Registered Office Address:		_	
	12601 METRO PKWY, STE #103		_	
	FORT MYERS ,FL 33°	766	<del>-</del> -	
If the	he limited liability company is not organized under the laws of the S	tate of F	lorida, it is her	eby confirmed that after
the cha	change or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability com	ered offic	e and the busi	ness office of the registered
was/w	s/were authorized by an affirmative vote of the members of the limit	ed liabili	ty company or	
the art	articles of organization or the operating agreement of the limited lia	•	· -	
<u>C:</u>		<u> ゴ</u>	SON CO Printed or type	5B13
•	ignature of a member or authorized representative of a member			_
provis the ob- to mer	nereby accept the appointment as registered agent and agree to act is evisions of all statutes relative to the proper and complete performang obligations of my position as registered agent as provided for in Chamerely reflect a change in the registered office address, I hereby contified in writing of this change.	n this cap ice of my iapter 60 ifirm thai	pacity. I further duties, and I constituted to the second	r agree to comply with the am familiar with and accept this document is being filed ability company has been
Signat	gnature of Registered Agent			
المقانطيات	gravare or regionale (region			