## L08000030639

(Requestor's Name)							
(Address)							
(Address)							
, ,							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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Account#: 120000000088 March 28, 2022 Date:\_ **David Shulman** Name:\_\_ 1593354 Reference #:\_\_\_\_ SUNSHINE FITNESS COCOA, LLC Entity Name:\_\_\_\_\_ ☐ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Other \_\_\_\_\_ Authorized Amount: \$25.00 David Shulman Signature:

-1.212.947.7200

## 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.

I. Na	ame of the limited liability company:	SUNSHINE FITNESS COCOA, LLC					
2. (a)		(h)					
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (67	М	lailing address of ( <u>Note: MAY B</u>			•
	4 Liberty Lane West			4 Liberty	Lane W	lest	
	Hampton, N.H. 03842	_		Hampton,	N.H. 03	3842	
	3/25/2008			L08000	030639		
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	McGuiness, Shane					:	
- (u)	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:			2022 11513 29	• •
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)			~	63	•
	1560 N. Orange Ave, Suite 300	C				TET.	
	Winter Park PL_	32	789		,	ES 11: 53	
(b)					•	ప	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office addr	r <u>ess</u> :				
	115 North Calhoun Street, Suite	4					
	NEW Registered Office Address:						
	Tallahassee ,FL	323	301				
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	of the S ne registe oility con the limit	tate of Flor ered office apany, it is ed liability	and the busin hereby confir company or c pany.	ess office med that as otherw	of the reg the change ise provide	istered c(s)
/s/ Justin Vartanian				Justin Va			
_	ture of a member or authorized representative of a member			Printed or typed	•	-	
provisi the obl to mere	by accept the appointment as registered agent and agrecions of all statutes relative to the proper and complete peligations of my position as registered agent as provided jely reflect a change in the registered office address. I he d'in writing of this change.	e to act i erforman for in Ch reby con	n this capa ice of my d iapter 605, ifirm that th	city. I further uties, and I at F.S. Or, if th he limited liab	r agree to m familia us docum bility com	comply w r with and ent is bein pany has l	ith the accept g filed been
	/s/ Michael Carlisle						

Michael Carlisle, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent