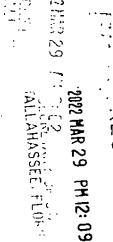
L08000085981

(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:					

Office Use Only



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O SIMMONS.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 2	28, 2022	Account#: 120000000088					
Name: David	Shulman						
Reference #:	1593354	_ 					
Entity Name:	ntity Name:SUNSHINE FITNESS RIO PINAR, LLC						
Articles of Incorp	poration/Authorizat	ion to Transact Business					
Amendment							
Change of Agen	t	ISSUES? CALL					
Reinstatement		David:					
Conversion		850-270-0082					
☐ Merger							
Dissolution/With	drawal						
Fictitious Name							
Other							
Authorized Amount	\$25.00						
Signature:	David Shulman						

-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.

1. Name of the limited liability company: SU			INSHINE FITNESS RIO PINAR, LLC		
2. (a)		(b)			
_, (,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4 Liberty Lane West		Mailing address of	limited liability company: E POST OFFICE BOX)	
			4 Liberty	4 Liberty Lane West Hampton, N.H. 03842	
	Hampton, N.H. 03842		Hampton,		
	9/9/2008		L08000	085981	
3.	Date of filing/registration in Florida	4.	Document nun	nber	
5. (a)	McGuiness, Shane				
()	Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A				
	1560 N. Orange Ave, Suite 30				
	Winter Park ,FL	32	789	~ 3	
	,			202157 29	
(b)	COGENCY GLOBAL INC.				
	Enter name of NEW Registered Agent and/or NEW Registered	ress:	. 2		
	445 N. II. O. II	4			
	115 North Calhoun Street, Suite		1.2		
	NEW Registered Office Address:			<u> </u>	
			•	62	
	Tallahassee FL	32	301		
the cha agent v was/w the art Signa I here provis the obt	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /s/ Justin Vartanian ture of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and complete placetions of my position as registered agent as provided with reflect a change in the registered office address. The d'in writing of this change.	the regist bility cor f the limi limited li	ered office and the busing npany, it is hereby confirm ted liability company or a ability company. Justin Vi Printed or typed:	ess office of the registered med that the change(s) is otherwise provided in artanian name of signee	

Signature of Registered Agent

/s/ Michael Carlisle

Michael Carlisle, Assistant Secretary

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

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