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Florida Department of State
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LLC REGISTERED AGENT CHANGE
ATC FITNESS CAPE CORAL, LLC

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AUG 27 2014

T. CARTER

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

4-14000200931-3

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: ATC FITNESS CAPE CORAL, LLC

2. (a) 1140 CEITUS TERRACE (b) 7359 HERITAGE PALMS ESTATE DR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

CAPE CORAL, FLORIDA 33991

FORT MYERS, FLORIDA 33966

12/18/2008

L08000115457

3. Date of filing/registration in Florida 4. Document number

5. (a) A1A REGISTERED AGENT, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5647 110TH AVE NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ROYAL PALM BEACH, FL 33411

(b) SUPERBIZ REGISTERED AGENT, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2761 VISTA PARKWAY, STE E4

NEW Registered Office Address:

WEST PALM BEACH, FL 33411

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

DERIK FAY

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

4-14000200931-3

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