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## **COVER LETTER**

то:	Registration Section Division of Corporations						
subject: fitness equipment technical support & services LLC							
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and t	èce(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the f	ollowing:				
JORE	DAN TYLER						
	Name of Person	<del></del>	_				
LEG/	ALINC CORPORATE SERVICES	INC.					
	Firm/Company		_				
1623	CENTRAL AVE, SUITE 145						
	Address		<u> </u>				
CHE	YENNE, WY 82001						
·	City/State and Zip Code	•	_				
JORE	DAN@LEGALINC.COM						
E	-mail address: (to be used for future ann	ual report notific	cation)				
For fur	ther information concerning this matter,	please call:					
JORE	OAN TYLER	at (	581-6156				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				
INHS18	3 (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.

I. Na	me of the limited liability company: fitness equip	ment	tech	nnical su	pport & services	LLC		<del></del>
2. (a)								
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			N	Aailing address of limited (Note: MAY BE POS)	l liability <i>COFFIC</i>	compan E <i>BOX</i> )	y:
	825 NW 99TH AVENUE		1	825 NW	99TH AVENUE			
	PLANTATION, FL 33324		_	PLANTA	TION, FL 33324	_		
	06/10/2009		L	0900005	56712			
3.	Date of filing/registration in Florida	_ 4.	_		Document number	<del>-</del>		
5. (a)	NRAI SERVICES, INC							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	rida E	Pept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET  1200 SOUTH PINE ISLAND ROAD	ADDRE	ESS)					
						77 EEF (	SEP	:
	PLANTATION F	3332	24 		-		7 - 7	
(b)	LEGALINC CORPORATE SERVICES INC.				_		- P	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	addr	ess:			<u>150</u>	E
	5237 SUMMERLIN COMMONS						<u>—</u>	
	NEW Registered Office Address:			·	-			
	SUITE 400				-			
	FORT MYERS , F	L_3390	)7					
the cha agent v was/we the art	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the re lability of the le limite	the Segister con Limited lia	ered office opany, it is ed liability ability con	e and the business of s hereby confirmed to y company or as oth- ipany. LER, AUTHORIZ	fice of that the erwise p	he reg change provide	istered (s)
Signa	nure of a member or authorized representative of a member				Printed or typed name	of signee		
provisi the obi to mer	by aftept the appointment as registered agent and aging of foll statutes relative to the proper and complete lightens of my position as registered agent as provide elypreflect a change in the registered office address, I dip writing of this change.	gree to de e perfor ed for i hereby	act i rmai in Cl y coi	n this cape ace of my d apter 605 afirm that	acity. I further agre duties, and I am fam i, F.S. Or, if this doc the limited liability t	e to con iliar wit cument i compan	iply w. th and is bein y has f	ith the accept g filed ieen
Signatu	re of Aegistered Agent	~						
	Division of Corporations P.O. FILING				ssee, FL 32314			