

L09000064653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT -5 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Just Fitness of Manadarin, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Bloch

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10950 San Jose Blvd.

\_\_\_\_\_  
Address

Jacksonville, FL 32223

\_\_\_\_\_  
City/State and Zip Code

amy@omnifitnesscenter.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Bloch

at ( 704 )

806-8006

\_\_\_\_\_  
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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Just Fitness of Manadarin, LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

10950 San Jose Blvd.

4371 Charlotte Hwy. #12

Jacksonville, FL 32217

Clover, SC 29710

07/06/2009

L09000064653

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Held & Israel

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

6320 St. Augustine Road, Suite 2

Jacksonville, FL 32217

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Bill Smith

**NEW** Registered Office Address:

10950 San Jose Blvd.

Jacksonville, FL 32217

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.

Bill Smith  
Signature of a member or authorized representative of a member

Bill Smith  
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.*

Bill Smith  
Signature of Registered Agent