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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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WILLYHASSEE, FLORIO)

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Sambam Fitness, 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:		
Tous I than an an an appropriate continue	b and matter to the following.	
·		
Kimberly H. Israel, Esq.	·	
Name of Person	,	
Held & Israel		
Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	·	
·		
6320 St. Augustine Rd., Suite #	2	
Address		
Jacksonville, FL 32217		
City/State and Zip Code		
	•	
khisrael@hilawfirm.com	•	
E-mail address: (to be used for future unnual report	notification)	
For further information concerning this mat	ter, please call:	
	•	
Kimberly H. Israel, Esq.	at (904) 398~7038	
Name of Person	Area Code & Daytime Telephone Number	
	• • • • • • • • • • • • • • • • • • • •	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: SamBam Fitness, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4416-A Hendricks Ave., #210 Jacksonville, FL 32207 (b) Mailing address of limited liability company: Note: MAY BE POST OFFICE BOX) 4446-lA Hendricks Ave., #210 Jacksonville, FL 32207 7/29/2009 L09000073638 3. Date of filing/registration in Florida Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Ansbacher & Associates, P.A. Registered Agent: Registered Office Address: 8818 Goodbys Executive Drive, Ste 100 Jacksonville, FL 32217 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Held & Israel <u>NEW</u> Registered Agent: NEW Registered Office Address: 6320 St. Augustine Rd., Ste. #2 (MUST BE FLORIDA STREET ADDRESS) Jacksonville 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 incharized representative of a member Jay Kaplan 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent