## L09000106061

Office Use Only



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TALLAHASSEE, FISHER

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	NESS LLC mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submit	tted for filing.
Please return all correspondence concerning the	nis matter to the following:	
PETER A. JACK	SON	TALLAHASS
PUSH FITNESS		
1098 FLORANADI	A RD.	AM 11:41  OF STATE E. FLORIDA
OAK LAND PARK, City/State and Zip Code	FL 33334	
PETER @ Push Fither E-mail address: (to be used for future annual report not	ess FTL · Com	
For further information concerning this matter		
PETER A. JACKSON Name of Person	at ( 954 ) 530 - 43 Area Code & Daytime Telep	
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 & Certif	fied Copy

## 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:PUSH	FITNESS LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	OAKLAND PARK, FL 333
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
11 03/2009	L 09000106061
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE CO.
Registered Office Address:	1201 Hays St.
	Talla hassee, FL 3230
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
<u><b>NEW</b></u> Registered Agent:	PETER A. JACKSON
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1098 FLORANADA RO
(MUST DE LEURIDA STREET ADDRESS)	OKKLAND PARK ,FL 33334
If the limited liability company is not organized under the legislation of the limited that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, has hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office
	4835
Printed or typed name of signee	m <sub>2</sub> ≥ π
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my positive to the company of the company confirm that the limited liability company	gree to act in this edfacity. I further agree to oper and complete parties, sition as registered agent as provided for in rely reflect a charge in the registered office has been notified in writing of this change.
Signature of Registered Agent	
Dyision of Corporations, P.O. Box 632 FILING FEE: \$2	