L10000054677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. SAUNDERS
EXAMINER

DEC 28 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Performance Training
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:

Brennen Grubbs
Name of Person

Advanced Performance Training
Firm/Company

4874 SE Heartleaf Terrace
Address

Hobe Sound, FL 33455
City/State and Zip Code

apt4athletes@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Brennen Grubbs at (772) 285-9168
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

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: Advanced Performance Training, LLC

2. (a) Principal office address of limited liability company: 6503 North Military Trail

(Note: MUST BE STREET ADDRESS) APT 1001 Boca Raton, FL 33496

(b) Mailing address of limited liability company: 4874 Heartleaf Terrace

(Note: MAY BE POST OFFICE BOX) Hobe Sound, FL 33455

May 20, 2010
3. Date of filing/registration in Florida

L10000054677
4. Document number

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

Registered Agent: Brennen Grubbs

Registered Office Address: 6503 North Military Trail
APT 1001 Boca Raton, Fl 33496

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

NEW Registered Agent:

NEW Registered Office Address: 4874 Heartleaf Terrace
(MUST BE FLORIDA STREET ADDRESS)
Hobe Sound ,FL 33455

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.

Brennen C. Grubbs
Signature of a member or authorized representative of a member

Brennen C Grubbs
Printed or typed name of signee

2010 DEC 27 PM
TALLAHASSEE, FLORIDA

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 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.

Brennen C Grubbs
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)