L10000068206

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
L1 - 68706								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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N. Culligan SEP 23 2010

COVER LETTER

то:	Registration Section Division of Corporations	•	•					
SUBJ	ECT:	Body Blast Personal Fitness LLC						
		Name of Lim	nited Lia	bility Co	mpany			
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/F	Registered Offi	ice Chai	nge and fe	ee(s) are subm	itted for filing.		
Please	e return all correspondence	concerning thi	is matte	r to the fo	llowing:			
	Chad Ya	**						
	Name of Person	on						
	Body Blast Persona		2					
	Firm/Compan	у						
	1505 Gulf Stream (Circle Apt 302	2					
	Address							
	Brandon, FL	33511						
	City/State and Zip							
Ē	cyager13@hol	mail.com annual report notif	fication)					
For fu	arther information concerni	ng this matter,	please	call:				
	Chad Yager	а	nt (7	16)	499	-5305		
	Name of Person	•	(ode & Daytime Tel	ephone Number		
	STREET/COURIER ADI	NRFSS.		MAILING	G ADDRESS:			
	Registration Section	· ALLOO!		Registration				
	Division of Corporations			Division of	f Corporations			
	Clifton Building	_		P.O. Box				
	2661 Executive Center Circ Tallahassee, Florida 32301	ele ~		Tailahasse	e, Florida 3231	4		
	Enclosed is a check for	the following	amoun	t :		-		
	\$25 Filing Fee			\$55 Fili	ng Fee & Cert	ified Copy		



September 13, 2010

CHAD YAGER 1505 GULF STREAM CIRCLE APT. 302 BRANDON, FL 33511

SUBJECT: BODY BLAST PERSONAL FITNESS LLC

Ref. Number: L10000068206

We have received your document for BODY BLAST PERSONAL FITNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00021671

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.

9	•							
1. Nar	ne of the limited liability company: B	ody Blast	Personal Fitne	ss LLC				
<u> </u>	Principal office address of limited liability comp	oany:	Body Blast Person	onal Fitn	ess LLC			
-14	(Note: MUST BE STREET ADDRESS)	1505 (Brand	Gulf Stream Circle on, FL 33511	Apt 302				
(b)	Mailing address of limited liability company:		Body Blast Personal Fitness LLC					
	(Note: MAY BE POST OFFICE BOX)	1505 (Brande	Gulf Stream Circle on, FL 33511	Apt 35 2	Vision			
	June 28, 2010		L100000682	206	유통고			
3. Dat	te of filing/registration in Florida	4. Docu	ıment number		24.0			
5. (a)	Registered Agent and Registered Office shown	on the recor	rds of the Florida Do	-	70			
	Registered Agent:	<u>Chad</u>	Yager	Sa	<u>ā</u> r			
•	Registered Office Address:	4800 8	Blast Personal Fitr S Westshore BLVI a, FL 33611	ness LLC D Apt 40	4			
(b)	NEW Registered Agent:	Ch	ad Yager					
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Body Blast Personal Fitness LLC 1505 Gulf Stream Circle Apt 302						
			on		3511			
confinand the liability of the or the	limited liability company is not organized under med that after the change or changes are made, the business office of the registered agent will be it to company, it is hereby confirmed that the changemembers of the limited liability company or as of operating agreement of the limited liability company or as of the limited liability or as of the limited	ne Florida st dentical. Or ge(s) was/we otherwise pro	reet address of the r ; in the case of a Flo ere authorized by an	egistered orida limi affirmati	office ted ive vote			
Printed	Chad Yager or typed name of signee			•				
I here compl and I d Chapte addres	thy accept the appointment as registered agent as with the provisions of all statutes relative to the am familiar with and accept the obligations of mer 608, F.S. Or, if this document is being filed to be a confirm that the limited liability completed of the confirmation of the confirm	nd agree to de proper and y position as merely refluency has be	act in this capacity. I complete performa Fregistered agent as ect a change in the en notified in writin	I further ince of m s provide registered g of this d	agree to y duties, d for in d office change.			

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