

LID 0000 83468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

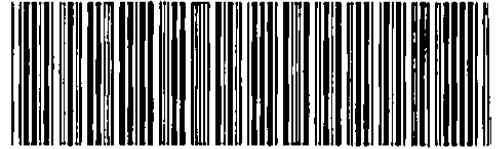
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSSFIT IQ
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:

CYNTHIA LEWIS
Name of Person

CROSSFIT IQ
Firm/Company

2000 RESTON CIR.
Address

ROYAL PALM BCH, FL. 33411
City/State and Zip Code

CINDIE @ CROSSFITIQ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA LEWIS at (561) 891-1257
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 OF 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, Florida.

1. Name of the limited liability company: CROSSFIT IQ

2. (a) CROSSFIT IQ LLC (b) CYNTHIA HE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE)

346 PIKE RD. 1000 RESTON
WEST PALM BEACH FL 33411 ROYAL PALM BEACH

3. 8/10/2010 Date of filing/registration in Florida 4. L100000831 Document number

5. (a) SOUTH FLORIDA TAX INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12401 ORANGE DRIVE
DAVIE, FL 33330

(b) STACEY L. WOOD, CPA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
6501 CONGRESS AVE, SUITE 100
BOCA RATON FL 33487

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

CYNTHIA HE
Printed or typed name of signer

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document merely reflects a change in the registered office address, I hereby confirm that the limited liability company was notified in writing of this change.

[Signature]
Signature of Registered Agent

2019 SEP 27 PM 12:07