L11000051347

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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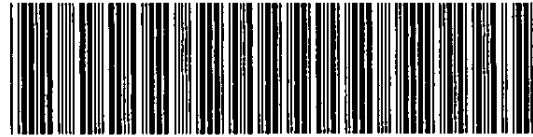(Business Entity Name)

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(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ **SOFLO 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:

KIMBERLY BUNNER
Name of Person

SOFLO FITNESS, LLC
Firm/Company

2092 SE HANFORD ROAD
Address

PORT ST LUCIE, FL 34952
City/State and Zip Code

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

For further information concerning this matter, please call:

KIMBERLY BUNNER _____ at (**561**) _____ **261-2646** _____
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: **SOFLO FITNESS, LLC**

2. (a) Principal office address of limited liability company:

   (*Note: MUST BE STREET ADDRESS*)   13671 EXOTICA LANE
   WELLINGTON, FL 33414

   (b) Mailing address of limited liability company:

   (*Note: MAY BE POST OFFICE BOX*)   13671 EXOTICA LANE
   WELLINGTON, FL 33414

7/25/2012	L11000051347
3. Date of filing/registration in Florida	4. Document number

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

   Registered Agent: RICHARD MAGGIO

   Registered Office Address: 13671 EXOTICA LANE
   WELLINGTON, FL 33414

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

   NEW Registered Agent: KIBMERLY BUNNER

   NEW Registered Office Address: 2092 SE HANFORD ROAD
   (*MUST BE FLORIDA STREET ADDRESS*)

   PORT ST LUCIE   ,FL 34952

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 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 authorized representative of a member

KIMBERLY BUNNER
_____
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 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.

_____
Signature of Registered Agent

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

INHS18 (05/08)