## 111000058217

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(Address)					
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J. SAULSBERRY EXAMINER

JUL 21 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pilates and Citness - private Studio LLC Name of Limited Liability Company
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for ASST 20 Please return all correspondence concerning this matter to the following:  Sarah Nephew -  Name of Person
Pilates and Fitness, private studio, 11c  Firm/Company  Ult9 Chastown Dr.  Address  Address
Melbourne Fl. 32940  City/State and Zip Code  Pilatesant Fitness @ gmail. com  E-mail address: (to be used for future annual vertort notification)
For further information concerning this matter, please call:  Dean Nephew at 321 960-7014  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:  MAILING ADDRESS:  Parietystics Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

		9		
<b>∑</b> \$25	Filing Fee	nu d	\$55 Filing Fee & Ce	ertified Copy
INHS18 (5/08)	already p	Apr \$35	00	

## 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.

agent, or bond, in the blace of 1 tortua.	
1. Name of the limited liability company: Pilates	s and Fitness-private studio
2. (a) Principal office address of limited liability company	4149 Chastain Dr.
(Note: MUST BE STREET ADDRESS)	melbourne Fl. 32946
(b) Mailing address of limited liability company:	4149 Chastain Dr.
(Note: MAY BE POST OFFICE BOX)	Melbourne Fl. 32940
5/17/2011	L11000058217
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	Λ Λ
Registered Agent:	United States Corp. Agents,
Registered Office Address:	13362 Winding Oak Ct. #
	Tampa F1. 33612
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	W Registered Office address:
NEW Registered Agent:	Dean Alan Nephew
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4149 Chastain Dr
	Melboume, FL \$ 32940
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident iability company, it is 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	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	
Sarah Nephew	20 SSEE.
Printed or typed name of signee	FIG.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po. Chapter 608, E.S. Or, if this document is being filed to mend the limited liability company	gree to act in this capacity Pfurther agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Cignoture of Pagistared Agent	