

L/2000008115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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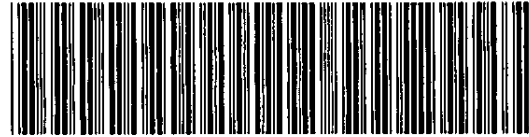
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 9 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLETE ATHLETES, 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:

NINA PACKER

Name of Person

BACK OFFICE BUSINESS CONCIERGE

Firm/Company

15800 PINES BLVD, SUITE 350

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

NPACKER@NINAPACKER.COM

E-mail address: (to be used for future annual report notification)

2013 SEP -6 PM 12: 08
STANDARD
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NINA PACKER

at (678) 576-8063

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 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: COMPLETE ATHLETES, LLC

2. (a) Principal office address of limited liability company: 13250 NW 28TH AVE
(Note: MUST BE STREET ADDRESS) % FAHEEM ALI
OPA-LOCKA, FL 33029

(b) Mailing address of limited liability company: 20880 NW 18TH ST
(Note: MAY BE POST OFFICE BOX) PEMBROKE PINES, FL 33029

01/18/12

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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: BACK OFFICE BUSINESS CONCIERG

Registered Office Address: 15800 PINES BLVD
SUITE 350
PEMBROKE PINES, FL 33027

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

NEW Registered Agent: FAHEEM ALI

NEW Registered Office Address: 20880 NW 18TH ST
(MUST BE FLORIDA STREET ADDRESS) PEMBROKE PINES, FL 33029

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.

Signature of a member or authorized representative of a member

FAHEEM ALI

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