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## COVER LETTER

Division of Corporations						
PROACTIVE FITNESS SOLUTIONS LLC						
SUBJECT: 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:						
RAZVAN PETREA						
Name of Person						
PROACTIVE FITNESS SOLUTIONS LLC Firm/Company						
118 SW 11TH AVENUE						
Address						
DELRAY BEACH, FL. 33444						
City/State and Zip Code						
RAZVANPETREA2002@YAHOO.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
RAZVAN PETREA 561 503-5765						
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						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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, in the State of Florida.

I. N	ame of the limited liability company: PROACT	IVE FINESS	SOLUTIONES LLL	_C		
(u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	118 SW 11TH AVE					
	DELRAY BEACH, FL 33444					
	03/30/2012	L	12000044556			
3.	Date of filing/registration in Florida	4,	Document n	umber		
5. (a	)					
, (a	Registered Agent and Registered Office shown on the recor	ds of the Florida De	ept. of State:			
	UNITED STATES CORPORATION AGE	ENTS, INC				
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)				
	13302 WINDING OAK COURT SUITE	Α				
	TAMPA	. FL 33612		주는 : 5	ž	
دا،	RAZVAN PETREA			LAH		
(b)	Enter name of NEW Registered Agent and/or NEW Regis	<u></u>	ASS			
				<u> </u>		
	NEW Registered Office Address:			An IO: 40 Or STATE (E. FLORIO	5 🗅	
	118 SW 11TH AVE		<u>.</u>	Q.		
	DELRAY BEACH	. Fl. 33444				
the ch agent was/w the ar	fimited liability company is not organized under the lange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membitieles of organization or the operating agreement of	ss of the registe ed liability com ers of the limite f the limited liab	red office and the bust pany, it is hereby cont d liability company of pility company. AN PETREA	iness office of t firmed that the c r as otherwise p	he registered :hange(s)	
Sign	ature of a member or authorized representative of a member	Printed or type	Printed or typed name of signee			
provis the ob to me	why accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provedly reflect a change in the registered office addressed in writing of this change.	d agree to act in olete performan ovided for in Ch sss, I hereby conj	this capacity. I furth we of my duties, and I upter 605, F.S. Or, if firm that the limited li	ier agree to con am familiar wit this document i ahility company	iply with the h and accept s being filed c has been	
Signat	ure of Registered Agent	_				