12000055614

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| JUN 12 2012 L. SE LLERS | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| 10: Registration Section | , |
|--|---|
| Division of Corporations | |
| | N/ 10 mm to |
| SUBJECT: | Xcel2FitnessFL, L/C |
| Name of Li | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning the | his matter to the following: |
| David Carney | |
| Name of Person | |
| Xcel2FitnessFL -/ / C | |
| Firm/Company | |
| 10483 Winged Elm Drive | |
| Address | |
| Fort Myers, FL 33913 City/State and Zip Code | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report not | tification) |
| For further information concerning this matter | r, please call: |
| David Carney | at (941)456-8517 |
| 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 | g 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: | Xcel2Fitness | FL. L/C | |
|---|---|---|--|
| 2. (a) Principal office address of limited liability comp | eany: 10483 | y: 10483 Winged Elm Drive | |
| (Note: MUST BE STREET ADDRESS) | Fort Myers, FL 339 | 13 | |
| (b) Mailing address of limited liability company: | 10483 Wing | ed Elm Drive | |
| (Note: MAY BE POST OFFICE BOX) | Fort Myers, FL 339 | 13 | |
| 4/25/2012 | | 0055614 | |
| 3. Date of filing/registration in Florida | 4. Document number | • | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Flor | ida Dept. of State: | |
| Registered Agent: | United States Corp | United States Corporation Agents, Inc. | |
| Registered Office Address: | 13302 Winding Oal | 13302 Winding Oak Court | |
| | Suite A | | |
| | Tampa, FL 33612 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office | address: | |
| NEW Registered Agent: | David Carney | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 10483 Winged Elm Drive | | |
| | Fort Myers | ,FL 33913 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member David Carney Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | e Florida street address of entical. Or, in the case of e(s) was/were authorized herwise provided in the a any. | f the registered office f a Florida limited by an affirmative vote articles of organization | |
| Signature of Registered Agent | | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 Document #L12000055614 Xcel2FitnessFL.LLC 6/6/2012

Dear Division of Corporation, Please send all future notices and correspondence including the annual report to dcarney1017@yahoo.com.

Sincerely,

David Carney