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	equestor's Name)				
971)	equestor's Marne)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL			
(Bc	usiness Entity Name)				
	ocument Number)				
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Certified Copies Certificates of Status					
Special Instructions to	Filina Officer:				
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: March 28, 2022	Account#: I20000000088			
Name: David Shulman				
Reference #:1593354				
Entity Name: SUNSHINE FITNESS P	ENSACOLA EAST, LLC			
Articles of Incorporation/Authorization to Tra	ansact Business			
Amendment				
✓ Change of Agent	ICCUIDCS CALL			
Reinstatement	ISSUES? CALL David:			
Conversion	850-270-0082			
☐ Merger				
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
Other				
Authorized Amount: \$25.00				
David Shulman Signature:				

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.

1.	Na	me of the limited liability company: SUNSHINE FITNESS PENSACOLA EAST, LLC					
2.	(a)			(b)			
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		4 Liberty Lane West			4 Liberty Lar	ne West	
		Hampton, N.H. 03842			Hampton, N.I	1. 0384 2	<u> </u>
		5/31/2012			L12000073	3041	
3.		Date of filing/registration in Florida	- 4.		Document number	<u>-</u>	
	()	McGuiness Shane					
.).	(a)	McGuiness, Shane Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	- ':		
		Registered Office Address - (MUST BE FLORIDA STREET)	4DDRE	<u> </u>			
		1560 N. Orange Ave, Suite 3					
		Winter Park , FL		32789	•	કેર્	
					· 12	2022 1512 29	
	(b)	COGENCY GLOBAL INC.				5	· •
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office .	address;	•	29	• •
		115 North Calhoun Street, Suit	te 1			*****	
	NEW Registered Office Address:		10 7			1.1	
		Tallahassee, FL		32301			
the ago wa the S	eha ent v s/we arti ignat ig ignat ig ignat ig ig ig ig ig ig ig ig ig i	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the /s/ Justin Vartanian The accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, In this writing of this change.	the regability of the lability	gistered office company, it is imited liability d liability com	and the business of hereby confirmed or as of apany. Printed or typed name active. I further confirmed or typed name active. I further confirmed or typed name active.	office of the that the cherwise produced the content of the conten	he registered change(s) rovided in
	,,	/s/ Michael Carlisle					

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INTIS18 (2/14)

Signature of Registered Agent