## L12000018545

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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115 N CALHOUN ST., STE. 4 FALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: March 28, 2022	Account#: 120000000088		
Name: David Shulman			
Reference #: <b>1593354</b>			
Entity Name: SUNSHINE FITNESS F	ORT WALTON BEACH, LLC		
☐ Articles of Incorporation/Authorization to	Transact Business		
Amendment			
✓ Change of Agent	ISSUES? CALL		
Reinstatement	David:		
Conversion	850-270-0082		
Merger Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
Other			
Authorized Amount: \$25.00			
David Skulman Signature:	•		

+1.212.947.7200

## \* 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. 3	Name of the limited liability company:SUI	NSHINE	FITNESS	FORT WALTON BEACH, LLC
2. (a	1)		(b)	
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	• •	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4 Liberty Lane West			4 Liberty Lane West
	Hampton, N.H. 03842			Hampton, N.H. 03842
	6/13/2012			L12000078545
3.	Date of filing/registration in Florida			Document number
5. (	a) McGuiness, Shane	<b>;</b>		
	Registered Agent and Registered Office shown on the recor	rds of the F	kirida Dept. of S	tate:
				207
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1560 N. Orange Ave, Suite 300			2022 Halls 29
	Winter Park	_, FL	32789	
(b)	COGENCY GLOBAL II	NC.		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<del></del>
	115 North Calhoun Street,	Suite 4		
	NEW Registered Office Address:	,		
	~ · · ·			**************************************
	Tallahassee	FI	32301	<u> </u>
the c agen was/	e limited liability company is not organized under the hange or changes are made, the Florida street addret will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the memberticles of organization or the operating agreement of	ess of the ted liabili bers of the	registered off ty company, i climited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	/s/ Justin Vartanian			Justin Vartanian
Sig	nature of a member or authorized representative of a member	<del></del>	•	Printed or typed name of signee
prov. the o to me	reby accept the appointment as registered agent and isions of all statutes relative to the proper and composition as registered agent as properly reflect a change in the registered office addressed in writing of this change.	plete peri	ormance of n	iv duties, and I am familiar with and accept

INHS18 (2/14)

Signature of Registered Agent

/s/ Michael Carlisle

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00