L12000098334

(Requestor's Name)				
(Address)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusings Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporation	S					
SUBJECT: Kevin Moore Fitness, 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:						
Kevin Moore						
Name of Per	son	-				
Kevin Moore Fitness, LLC						
Firm/Comp	ny	-				
2986 Bravura Lake Dr.						
Address		•				
Sarasota, FL, 342	240					
City/State and Z	ip Code	•				
k.moore25@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kevin Moore	_{at (} 941	, 705-1991				
Name of Person		rea Code & Daytime Telephone Number				
STREET/COURIER AD	DRESS: MAI	LING ADDRESS:				
Registration Section	▼					
Division of Corporations		Division of Corporations				
Clifton Building		Box 6327				
2661 Executive Center Ci Tallahassee, Florida 3230		hassee, 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.	Na	me of the limited liability company: Kevin Moore Fitness.	rrc			
า	(0)	Dringing office address of limited lightlity common	ar a 2006 Persage Loke Dr			
۷.	(a)	Principal office address of limited liability company				
		(Note: MUST BE STREET ADDRESS)	Sarasota, FL, 34240			
				ω		
				2-20		
	(b) Mailing address of limited liability company:	2986 Bravura Lake Dr.				
		(Note: MAY BE POST OFFICE BOX)	Sarasota, FL, 34240	S:		
				inco III		
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
07	/30/12		L12000098334			
3.	Da	te of filing/registration in Florida	4. Document number	IZ: OI		
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida	a Dept. of State:		
		Registered Agent:	Kevin Moore			
		Registered Office Address:	2986 Brayura Lake Dr			
			Sarasota, FL, 34240	······································		
			· · · · · · · · · · · · · · · · · · ·			
		NEW Registered Agent:	n/a			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9941 50th St Cir E			
		(MUSI BE I LURIDA SI KEEI ADDRESS)	Parrish	El 24246		
			Fatish	,FL 34219		
an lia th th	nfir d th bili e me	limited liability company is not organized under the med that after the change or changes are made, the le business office of the registered agent will be ider ty company, it is hereby confirmed that the change sembers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the titical. Or, in the case of a second was/were authorized by	he registered office Florida limited an affirmative vote of		
-	vin Mo	ore or typed name of signee	<del></del>			
I co ar Ci aa	here mpl id I japt idre.	by accept the appointment as registered agent and y with the provisions of all statutes relative to the part familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to mess. I hereby confirm that the limited liability compaints of Registered Agent	agree to act in this capac roper and complete perfo osition as registered ager erely reflect a change in i ny has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.		
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00