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TO: Registration Section Division of Corporations

ACQUISITION PARTNERS LLC

SUBJECT:	
Name of Lit	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Michael P Murphy	
Name of Person	
Everslim Centers	
Firm/Company	
2801 S MacDill Ave	
Address	······································
Tampa. FL 33629	
City/State and Zip Code	
michaelmurphy@garciaweightloss.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
- F /	813 871-6465
at (at (at (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 amoun	ıt:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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.

me of the fimited liability company: 2801 S MacDill Ave			2801 S MacDill Ave				
Principal office address of limited lie (Note: MUST BE STREET A Tampa, FL 33629	ability company: ADDRESS	******		Mailing a	ddress of lim <i>MaY BE P</i> (iited liabi	lity compan
12/17/2012			L120	00156710			
Date of filing/registration in	ı Florida	4.		Docum	ient numb	er	
Registered Agent and Registered Office shot	ATION AGENT	TS, INC					
	ATION AGENT LORIDA STREET SUITE 36	TS, INC	<u>S</u> y 2				
UNITED STATES CORPORA Registered Office Address (MUST BE F 5575 S. SEMORAN BLVD S ORLANDO	ATION AGENT LORIDA STREET SUITE 36	75, INC <u>Addres</u> 32822 L	2		i.		s.
UNITED STATES CORPORA Registered Office Address (MUST BE F) 5575 S. SEMORAN BLVD S ORLANDO Enter name of NEW Registered Agent and/ Michael P Murphy	ATION AGENTATION AGENTATION AGENTATION AGENTATION AGENTATION AGENTATION AGENTATION AGENTATION AGENT AG	TS, INC ADDRES 32822 L d Office as	S) 2		(ATT)	AON 6102	
Registered Office Address (MUST BE F) 5575 S. SEMORAN BLVD S ORLANDO Enter name of NEW Registered Agent and/ Michael P Murphy NEW Registered Office Address: 2801 S MacDill Ave	ATION AGENT LORIDA STREET SUITE 36	TS, INC ADDRES 32822 L d Office as	Sy 2 Idress:			2019 NOV 22 PH 12: 24	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of Smember or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent