

43000012179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILING OFFICE
COLUMBIA, MO

JUL 08 2014
C. CARROTHERS

**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: MOVE FORWARD FITNESS, LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) 500 MAIN STREET # K
SAFETY HARBOR, FL 34695

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**) 500 MAIN STREET # K
SAFETY HARBOR, FL 34695

01/24/2013

L13000012179

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SMALLBIZ AGENTS, LLC

Registered Office Address:

75 N WOODWARD AVE #10000
TALLAHASSEE, FL 32313

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

JARED CARTER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

500 MAIN STREET # K
SAFETY HARBOR, FL 34695

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.

X [Signature]
(Signature of a member or authorized representative of a member)

X Jared Carter
(Printed or typed name of signer)

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2014

ERNEST G NEVE III CPA
THE NEVE GROUP LTD
1000 GERMANTOEN PIKE, SUITE C-5
PLYMOUTH MEETING, PA 19462

SUBJECT: MOVE FORWARD FITNESS, LLC
Ref. Number: L13000012179

We have received your document for MOVE FORWARD FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 714A00013734

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOVE FORWARD 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:

ERNEST G. NEVE III, CPA
(Name of Person)

THE NEVE GROUP, LTD.
(Firm/Company)

1000 GERMANTOWN PIKE, SUITE C-5
(Address)

PLYMOUTH MEETING, PA 19462
(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST G. NEVE III, CPA at (610) 278-8400
(Name of Person) (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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy