

L130000067865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

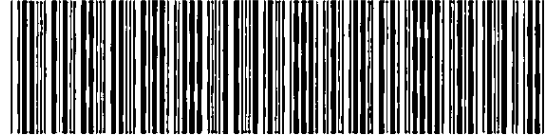
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400413697174

S. CHATHAM
AUG 16 2023

2023 AUG 15 AM 11:45

FILED

RECEIVED
2023 AUG 15 PM 3:15
RECORDING OFFICE
HALL COUNTY CLERK'S OFFICE
HALL COUNTY, FLORIDA

'FLORIDA' CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$55.00

Authorization Signature:

:

VIXEN WORKOUT MIAMI LLC

L13000067865

BUSINESS NAME

DOCUMENT #

X Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

X Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Reinstatement

___ Qualification

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vixen Workout Miami, 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:

Janet Jones
Name of Person

Vixen Workout Miami LLC
Firm/Company

8350 NW 52 Terrace Ste 301
Address

Miami, FL 33166
City/State and Zip Code

Janet@vxnworkout.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Jones at (786) 399 4627
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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. Name of the limited liability company: Vixen Workout Miami LLC
2. (a) 8350 NW 52 Terrace (b) 8350 NW 52 Terrace
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Ste 301 Ste 301
Miami, FL 33166 Miami, FL 33166
3. _____ 4. L13000067865
Date of filing/registration in Florida Document number

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

8350 NW 52 Terrace
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Ste 301
Miami, FL 33166

- (b) Legacy RA Group
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2330 Clare Drive
NEW Registered Office Address:

Tallahassee, FL 32309

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]
Signature of a member or authorized representative of a member

Tanet Jones
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 605, 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.

[Signature]
Signature of Registered Agent

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