## L13000083109

(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 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: March 28	, 2022	Account#: I20000000088			
Name: David SI	nulman				
Reference #:	1593354	_			
Entity Name:	SUNSHINE FIT	NESS COLUMBUS 2, LLC			
Articles of Incorpor	ration/Authorizatio	n to Transact Business			
Amendment					
✓ Change of Agent		ISSUES? CALL			
Reinstatement	nstatement David:				
Conversion		850-270-0082			
Merger					
Dissolution/Withdr	awal				
Fictitious Name					
Other	<del> </del>				
Authorized Amount:	\$25.00				
Signature:	David Shulman				

## 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.

Name of the limited liability company:     SUN			NSHINE FITNESS COLUMBUS 2, LLC			
2. (a)			(b)			
<b></b> ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		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		
	6/7/2013			L13000083109		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	McGuiness, Shane					
	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of St	nte:		
	Registered Office Address (MUST BE FLORIDA STREET A	722 M = 58				
	1560 N. Orange Ave, Suite 30	FIL 2022 MAR 29 SECRE FA TALLAHA				
	Winter Park .FL		32789			
(b)	COGENCY GLOBAL INC.			MAR 29 AM 8: CREATA OF STALLAHASSEE, F		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	nddress:	8: 51 8: 51		
	115 North Calhoun Street, Suite	e 4				
	NEW Registered Office Address:			_		
				_		
	Tallahassee FL		32301			
Signa  I here provise the oblito mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law Justin Vartanian  ture of a member or authorized representative of a member by accept the appointment as registered agent and agree is of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In I in writing of this change.	the realbility If the l limite  ee to e perfor I for ii	gistered officompany, it imited liabil d liability education act in this ca- mance of m i Chapter 60	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Justin Vartanian  Printed or typed name of signee pacity. I further agree to comply with the eduties, and I am familiar with and accept 55, F.S. Or, if this document is being filed		

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