L13000083110

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MA	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: March 2	28, 2022	Account#: I20000000088				
	Shulman					
Reference #:	1593354					
Entity Name:	SUNSHINE	FITNESS COLUMBUS 1, LLC				
Articles of Incorp	ooration/Authori	ation to Transact Business				
Amendment						
☑ Change of Agen	t	Icclieca Cali				
Reinstatement	ISSUES? CALL David:					
Conversion		850-270-0082				
Merger						
Dissolution/With	drawal					
☐ Fictitious Name						
Other						
Authorized Amount	: \$25.	0				
Signature:	David Shulma					

-1.212.947.7200

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.

i.	Na	Name of the limited liability company: SUNSHINE FITNESS COLUMBUS 1, LLC						
2.	(a)			(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			L13000083110			
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 Florida Dept. of State:						
		Registered Office Address (MUST BE FLORIDA STREET A.	•					
		1560 N. Orange Ave, Suite 30	-					
		Winter Park . FL_		32789	022 H TAL			
	(b)	COGENCY GLOBAL INC.		32789 SECRETAR 29 Include address:				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>)ffice 2					
		115 North Calhoun Street, Suite 4			SEE, FL			
		NEW Registered Office Address:			' FF &			
		Tallahassee FL_		32301	-			
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	he reg bility the li	gistered offic- company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
		/s/ Justin Vartanian	_		Justin Vartanian			
S	ignat	ture of a member or authorized representative of a member			Printed or typed name of signee			
pre the to	wisi obl ngre	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address. The Fin writing of this change.	re to a perfori for in ercby	ct in this cap nance of my Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been			

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