## 1300097872

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	fdress)			
(Cid	ty/State/Zip/Phone #	·)		
PICK-UP	☐ WAIT	MAIL		
(Bı	isiness Entity Name	<del>)</del>		
(Document Number)				
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## **COVER LETTER**

Division of Corporations				
SUBJECT: Dyhard Fitness Enter prises LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for	or filing.			
Please return all correspondence concerning this matter to the following:				
Name of Person				
Dyburd Fitness Enterprises Firm/Company				
4950 NW 20th Dava				
Gainesvilla FL 32605 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (785) 341-3583  Area Code & Daytin	ne Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee & Certifi	ed Copy			
INHS18 (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.

1. Na	ime of the limited liability company:	Fitness	Enterprisas	; LLC
2. (a)	4950 NW ZOM DITUL	(b) 49	ISO NW ZOM	Drive
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited	- · · · · · · · · · · · · · · · · · · ·
	Gaines ville 12 32605	1.	(Note: MAY BE POST	
	Mainasville, The 12005		ainasvilla, F	<u> </u>
			·	
	July 10, 2013	L130	000097872	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	United States Corporation Ag	ants, Inc	_	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	e:	
	13302 Winding Oaks low	· · · · · · · · · · · · · · · · · · ·	-	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		9 V.S
	Svita A		_	SION
	Tampa FL	336/2	_	N TO
				COR COR
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	-	OF STATE
	Tance manie of 1977 Registered Agent and/or 1977 Registered	Conce address.		: 23 Alle
	4450 NW ZOTH DEVOL			***
	NEW Registered Office Address:		_	
			_	
	/	271.05		
	Canasville FL	_37605	_	
If the l	imited liability company is not organized under the lay	vs of the State of Flo	orida, it is hereby conf	firmed that after
agent v	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	ability company, it is	s hereby confirmed the	at the change(s)
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the limited liability Timited liability con	y company or as other	wise provided in
	ture of a member or authorized representative of a member		Printed or typed name of	
Signa	ture of a member or authorized representative of a member		Printed or typed name of	signee
1 herei provisi	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	ee to act in this cape performance of my	acity. I further agree duties, and I am famil	to comply with the
the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I is	d fór in Chaptér 605 hereby confirm that	5, F.S. Or, if this docu the limited liability co	ment is being filed Impany has been
notified	I'in writing of this change.	- ,	,	
Signatu	re of Projected Agent			