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(Re	questor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Health Club Develop Name of Limit	newf LLC # 13000141976 ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Jeff White Name of Person	
Prof. twes 5 Firm/Company	<u> </u>
PO Box 9/6722 Address	TALL,
Loug Wood Ff 32.79/ City/State and Zip Code	
E-mail address: (to be used for future annual report	\triangleright \sim
For further information concerning this matter, please cal	il:
Name of Person at (3	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$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

1. Na	ame of the limited liability company: Health CluBD	evelopment a	440
2. (a)	2601 Fost acraw Blue # 304 (b) 2601	Egst Ocean Blue	#211
,	Principal office address of limited liability company: LOUT Beard (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability (Note: MAY BE POST OFFI Po Box 9/67	y company: 609 CE BOX)
	Lougu	ood #1 32791	<u> </u>
	10/08/2013 L1. Date of filing/registration in Florida 4.	3000 141976	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	INC COEP SETUICES ; NC		
(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	: ::	
	17888 67th Court North &		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	LoxAhafchee FL 33470	2016 JUL SECORE D TALLAHA	
(b)	Jeff white	SE 1	APP charges STEEDSON
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	COESTANDA COESTANDA	Ö
	APOPKa ,FL 327/2		
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vete of the members of the limited liability color of organization or the operating agreement of the limited liability contains of a member of a member of a member of a member	and the business office of hereby confirmed that the	the registered change(s) provided in
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	ncity. I further agree to co luties, and I am familiar w , F.S. Or, if this document the limited liability compar	mply with the ith and accept is being filed iy has been
-	Division of Corporations P.O. Box 6327 Tallahas	see, FL 32314	

FILING FEE: \$25.00 CL# 2316

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

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