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(R	equestor's Name)	
(A	ddress)	- · <u>- · · -</u>
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COVER LETTER

Division of Corporations			
SUBJECT: Shannon Hodges Complete Personal Training Name of Limited Liability Company LLC			
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:			
Shannon Hodges Name of Person			
Shannon Hodges Complete Personal Training LLC.			
3034 Nain Road Address			
Jacksonville Flurida 32207 City/State-and Zip Code			
Shodoes 24 training Qamail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shannon Hodge 5 at (904) 418-1069 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P O. Box 6327 Tallahassee, Florida 32314			
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 608.416 or 608.308, Florida Statutes, the undersigned limited liability company submits the following statement in order to charge its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Hodges
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Jacksonville Brach, Fr. 3350
(b) Mailing address of Emited liability company: (Note: MAY BE POST OFFICE BOX)	3034 Nain Road Jacksonville, Fc. 32207
3. Date of filing/registration in Florida	L 13000153604 1. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dent of State:
Registered Agent:	Shannon Hodges
Registered Office Address:	2400 3id St. South Suite 201 Jacksonville Beach, FC. 32250
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SO34 Nain-Robert
If the limited liability company is not organized under the confirmed that after the change or changes are made, the fand the business office of the registered agent will be idealiability company, it is hereby confirmed that the change is the members of the linited liability company or as etherwise operating agreement of the limited liability company. Signature of a member or outhorized representative of a member Printed or typed name of signace.	Torida street address of the registered office (fieal. On, in the case of a Florida limited) was/were authorized by an affirmative vote of
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the abbiguious of my a Chapter 608, F. Or if this document is being flied to land address. I hereby control that the limited liability correct Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, of this capacity is provided for in early reflect a change in the registered office or has been notified in writing of this change.

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