

L13000177476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

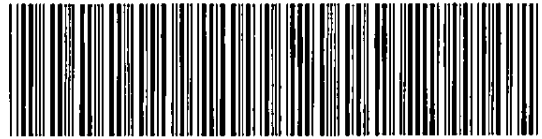
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 15 2024

Office Use Only



000427687540

FILED

2024 APR 12 AM 10:22

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ATLANTA, GA 30333

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2024 APR 12 PM 3:21



OFFICE
OF THE
CLERK OF
SUPERIOR
COURT
ATLANTA, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 04/12/24
Order #: 1477845-1
Re: PRO-FIT GROUP, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH' and extends to the right.

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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. Name of the limited liability company: PRO-FIT GROUP, LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4401 W KENNEDY BLVD 3RD FLOOR
TAMPA, FL 33602
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
PO Box 18203
Tampa, FL 33679
3. 12/27/2013 Date of filing/registration in Florida
4. L13000177476 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Anita's Accounting Solutions, PLLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4110 W Estrella St

Tampa, FL 33629

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2024 APR 12 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

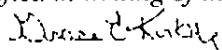
/s/ Ryan Nece

Signature of a member or authorized representative of a member

Ryan Nece

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

FILING FEE: \$25.00

CSC COA-4023