

L14000003634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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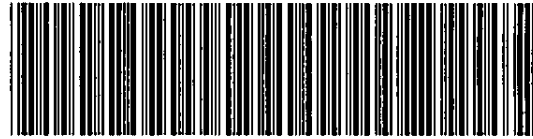
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2014

C. CARROTHERS

COVER LETTER

TO: Registration Services
Division of Corporations

SUBJECT: Team Fitness Elite Training System 3
Name of Limited Liability Company

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:

Christian Climes
Name of Person

Firm/Company

136 East Harding St
Address

Orlando, FL 32806
City/State and Zip Code

TeamFitnessElite@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Climes at (407) 928-1484
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Services
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Services
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 605.0114, 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: Team Fitness Elite Training Systems
2. (a) Principal office address of limited liability company: 7572 Dr. Phillips Blvd
Suite 50-408
Orlando, FL 32819
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 7572 Dr. Phillips Blvd
Suite 50-408
Orlando, FL 32819
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 1/08/14
4. Document number: 214000003634

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

Registered Agent:

Christian Climer

Registered Office Address:

18 N Bayd St
Winter Garden, FL 32787

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

NEW Registered Agent:

Christian Climer

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

7572 Dr. Phillips Blvd
Suite 50-408
Orlando, FL 32819

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.

Christian Climer
Signature of a member or authorized representative of a member

Christian Climer
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.

Christian Climer
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
MAR 31 PM 4:40
TALLAHASSEE
FLORIDA