Note: Please print this page and use it as a cover sheet. Type the fax audit mumber (shown below) on the top and bottom of all pages of the document.

(((H20000248658 3)))



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To:

Division of Corporations

Fax Number : (850) 617 6383

Fir om:

Account Name : INCORP SERVICES INC

Account Number : (20120000007 Phone : (702)866-2500 Fax Number : (702)366 2689

\*\*Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please.\*\*

Documents@incorp.com Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE YOU FIT-ONE, LLC

Certificate of Status	0
Certified Copy	U
Page Count	03
Estimated Charge	\$25.00

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## COVER LETTER

FO: Registration Section Division of Corporations	
	You Fit-One, LLC
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Jackie Do	eFilippis
Name of	Person
InCorp Ser	rvices, Inc.
Firm/Co	unpany
3773 Howard Hughe	es Pkwy. · Suite 500S
Addre	SS .
Las Vegas, N'	V 89169-6014
City/State as	nd Zip Code
•	@incorp.com
	for future annual report notification)
For further information concerni	ing this matter, please can:
Jackie DeFilippis for InCorp S	
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporation	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee  2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for	r the following amount:
■ \$25 Filing Fee	SSS Filing Fee & Certified Copy

## H20000248658 3

## 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.

Na	me of the limited liability company: You Fit-One, LLC			. M a W
	Principal uffice address of limited liability company:		Mailing address of limited lie	de de la companya de
	Principal affice address of limited liability campany:  (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST O	FFICE BOX
	1350 E. NEWPORT CENTER DRIVE, SUITE 110	1350	E. NEWPORT CENTER DE	RIVE, SUITE 110
	DEERFIELD BEACH, FL 33442	DEER	RFIELD BEACH, FL 33442	
	03/24/2014	L1400	0048910	
		4.	Document number	
	CTRACC CUDICTY R			
(a)	Registered Agent and Registered Office shown on the records of the	Florida Dept. o	(State:	r~
	111 2Nd Avenue Ne · Suite 1402			32,026
	Registered Office Address (MUST BE FLORIDA STREET ADD	DKESS)	<del>-</del> _	
				152
				' <u>D</u>
	St. Petersburg , FL_	33701	<del></del> -	-
	In Corn Consison Inc			
(b)	InCorp Services, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	fice address:	<del>-</del>	යා "ස
	Table Tolling of METT RESISTENCE DECEM			
	17888 67th Court North			
	NEW Registered Office Address:			
	Loxahatchee , FI	33470	. <del></del>	
hange gent ' 'as/w ie art	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the line	of the State of th	of Florida, it is hereby confice and the business office of it is hereby confirmed that the bullity company or as otherwomens.	t the change(s)
		David Ma	Printed or typed name of	vionee.
t here rovis he ob	anire of a member or authorized representative of a member thy accept the appointment as registered agent and agree tons of all statutes relative to the proper and complete petigrations of my position as specific agent as provided for the property of a change of the registered agent as provided for the registered office address, I have a funding of the change.	or in Chapte reby confirm	capacity. I further agree to f my duties, and I am famili r 605 F.S. Or if this docum	o comply with the ar with and accept nent is being filed mpany has been

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