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(((H20000231963 3)))



H200002319633ABC-

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Division of Corporations

Fax Number : (850)617 6393

From:

Account Name : INCORP SERVICES INC

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Fax Number

1 (702)356 2639

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

documents@incorp.com

LLC REGISTERED AGENT CHANGE SIX B-FIT, LLC

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\$25.00

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S. YOUNG

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Help

COVER LETTER

TO:	Registration Section Division of Corporations	H20000231963 3
SUBJ	JECT: Six B-Fit, LLC	
	Na	me of Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	his matter to the following:
Geo	rgia Dorsam	
-	Name of Person	
InCo	orp Services, Inc.	
•	Firm/Company	
3773	Howard Hughes Parkway, Suite 500S	
	Address	
Las	Vegas, NV 891 69-6014	
	City/State and Zip Code	
docu	uments@incorp.com	
	E-mail address: (to be used for future an	nual report notification)
For fi	urther information concerning this matte	r, please call:
Geor	rgia Dorsam	800-246-2677
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followin	g amount:
	□ \$25 Filing Fee	☐ S55 Filing Fee & Certified Copy

INHS18 (2/14)

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Date: 7/20/2020 7:53:58 AM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H20000231963 3

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.

l. N	ame of the limited liability company: Six B-Fit, LLC				
2. (a)	1350 E. NEWPORT CENTER DR.	(h) 135	60 E Newport Center Drive	Ste110	
2 . (u)	Principal office address of limited liability company: (Note: MUSI BE STREET ADDRESS)	117 ,	Mailing address of limite (Note: MAY BE POS	ed liability compan	λ:
	SUITE 110				<u>-</u> .
	DEERFIELD BEACH, FL 33442	Dee	orfield Beach, FL 33442		
	03/24/2014	L140	000048916		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Christy & Strong				
ζ <u>(</u>)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:		
	111 2nd Avenue NE			202(
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		ت ڪ لايند	"}
	Suite 1402				
	St Petersburg , FI	L33701		m .5 =	
(b)	InCorp Services, Inc.			PM 3	ر يمب وي وي
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address		$\frac{1}{3}$	
	17888 67th Court North			-	
	NEW Registered Office Address:				
			r		
	Loxahatchee	L			
chang agent was/w	limited liability company is not organized under the la o or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of inhility compar of the limited inhilited inhilited.	fice and the business officing, it is hereby confirmed liability company or as office of the company.	e of the register that the change	ed (s)
Sim	ature of a member optuthorized representative of a member	David N	Printed or typed name	of signes	
I here provis the ob- to me:	who accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change.	gree to act in the performance ed for in Chap. hereby confiri	de some des l'herther avec	en reconnella wit	th the accept gfiled een
Sistant	Georgia Dorsam on beh	halt of Incomp S	ervices, Inc.		

Division of Corporations • P.O. Rox 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00