

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

((1120000246779 3)))



H200002467793ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6393

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702) 866-2500

Fax Number : (702) 866-2689

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

Email Address: Documents@incorp.com

LLC REGISTERED AGENT CHANGE

YOU FIT FIVE, LLC

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

RAR

JUL 30

1 ALBRI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You Fit Five, LLC
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:

Jackie DeFilippis

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 5005

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

Documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie DeFilippis for InCorp Services, Inc. at 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 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 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: You Fit Five, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1350 E. NEWPORT CENTER DRIVE STE 110
DEERFIELD BEACH, FL 33442

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1350 E. NEWPORT CENTER DRIVE STE 110
DEERFIELD BEACH, FL 33442

3. 03/24/2014 Date of filing/registration in Florida

4. L14000048943 Document number

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

111 2Nd Avenue Ne Suite 1402

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

St. Petersburg, FL 33701

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

David Mayer
 Signature of member or authorized representative of a member

David Mayer
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand 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.

Jackie DeFilippis
 Signature of Registered Agent Jackie DeFilippis on behalf of InCorp Services, Inc.

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