

L14000051322

(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:

Office Use Only



200293869092

01/26/17--01009--010 **25.00

17 JAN 26 PM 1:16

FILED
JAN 27 2017
JAN 27 2017

JAN 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINK TO FITNESS, 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:

Ira Cohen, Esq.

Name of Person

Henkel & Cohen, P.A.

Firm/Company

7480 S.W. 40th Street, Suite 450

Address

Miami, FL 33155

City/State and Zip Code

ic@miamibusinesslitigators.com

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

For further information concerning this matter, please call:

Ira Cohen, Esq.

305 971-9474

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
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 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: LINK TO FITNESS, LLC
2. (a) 3510 Kraft Road
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 200
Naples, FL 34105
- (b) 3510 Kraft Road
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 200
Naples, FL 34105
3. April 14, 2014 Date of filing/registration in Florida
4. L14000051322 Document number
5. (a) Ira Cohen, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
18001 Old Cutler Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 600
Miami, FL 33157
- (b) Ira Cohen, Esq.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7480 S.W. 40th Street
NEW Registered Office Address:
Suite 450
Miami, FL 33155

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.

Stephanie Castano
Signature of a member or authorized representative of a member

Stephanie Castano
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 obligation 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.

Ira Cohen
Signature of Registered Agent

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

17 JAN 26 PM 1:16

FILED
JAN 26 2014
TALLAHASSEE, FL
DIVISION OF CORPORATIONS