## Jorida Department of State Division of Corporations

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.

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so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 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 NINE, LLC

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

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## COVER LETTER

	gistration Section vision of Corporations					
	You Fit Nine, LLC  Name of Limited Liability Company					
SUBJECT						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.				
Please retu	irn all correspondence concerning this matter to	o the following:				
	Jackie DeFilippis					
	Name of Person	<del></del>				
	InCorp Services, Inc.					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·				
	3773 Howard Hughes Pkwy Suite 500S					
	Address					
	Las Vegas, NV 89169-6014	<del></del>				
	City/State and Zip Code					
	Documents@incorp.com					
E-m	ail address: (to be used for future annual repor	notification)				
For furthe	er information concerning this matter, please ca	ll:				
Jackie D	eFilippis for InCorp Services, Inc. 800	)-246-2677				
	Name of Person	Area Code & Daytime Telephone Number				
R D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	:					
	Enclosed is a check for the following amount  1 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparisons the following statement in order to change its registered office or registered agent, or both, in the State of Flori

١.	Na	me of the limited liability company: You Fit Nine, LLC	: 			
	(a)		(	(b)		
<b>-</b> .	(4)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liabili (Note: MAY BE POST OFF)	ICE BOX)
		1350 E. NEWPORT CENTER DRIVE, SUITE 110		1350 E. N	EWPORT CENTER DRIVI	E, SUITE 1
		Deerfield Beach, FL 33442		Deerfield	Beach, FL 33442	<u> </u>
		03/31/2014		L1400005	2962	
3.		Date of filing/registration in Florida	4.	·	Document number	
5.	(a)	STROSS, CHRISTY B			_	
٥.	(a)	Registered Agent and Registered Office shown on the records of the	: Flori	da Dept, of Sta	le:	
		111 2Nd Avenue Ne · Suite 1402		<u> </u>	_	
		Registered Office Address (MUST BE FLORIDA STREET AD	DRE.	<u>ss)</u>		21
					· ·	9923
		St. Petersburg, FL		33701	. <del>-</del>	
						<b>C</b> -
	(b)	InCorp Services, Inc.	· · · · ·	uddress:		113
		Enter name of NEW Registered Agent and/or NEW Registered O	IIICE	addiesg.		
		17888 67th Court North			<del></del>	9: 42
		NEW Registered Office Address:				
			_	22470	_	
		Loxahatchee , FL_		33470	<del>-</del>	
cl ag	nang gent	limited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egisionility the l	company, it imited liabili	is hereby confirmed that the ty company or as otherwis	e change(s)
V				David Mayer	·	
- Pi - 1/ - 1c	here rovis ne ob	ature of a member or authorized representative of a member  they accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided by reflect a change proper registered office address. I he ad in writing of his ghange.  Jackie DeFilipp	for in	n Chapter 60 confirm that	5 FS Or if this documer	omply with with and acc it is being fi
<u>,</u> 5	i (	urc of Registered Agent			•	
Ć.	/	Division of Corporations P.O. B.	o <b>x 6</b> 3	327• Tallah:	assee, FL 32314	

FILING FEE: \$25.00