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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE EASTSIDE ACTIVE LIVING, LLC

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## • · · · ·

## 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. N	ame of the limited liability company:  Eastside Active L	Living LLO		
2. (a)	1600 TAFT ST	A	(b) 1600 TAFT ST	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	FRONT OFFICE		FRONT OFFI	CE
	HOLLYWOOD, FL 33020		HOLLYWOO	DD. FL 33020
	05/07/2014		L14000073893	
3.	Date of filing/registration in Florida	4.	Do	ocument number
5. (a)	IVAN S DOMNIN			
J. (4)	Registered Agent and Registered Office shown on the records of 1600 TAFT ST	the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) FRONT OFFICE	ADDRES:	57	
	HOLLYWOOD , FI	L_33020		2
(b)	Registered Agents, Inc.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ldress:	ETILE 5
	7901 4th ST N STE 300	_		TILED TILED
	NEW Registered Office Address:			PA 1: 01
	St. Petershurg , F)	33702 1		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin e limited	ed office and to ompany, it is ho nited liability c liability compa by Park	or the registered of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any.
•	ature of a member or authorized representative of a member			rinted or typed name of signee
provis the ob to mer n <del>pti</del> fie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim whing of this change.	ree to act perform ed for in ( hereby c	t in this capaci ance of my dut Chapter 605. F onfirm that the	ty. I further agree to comply with the ies, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
Signati	are of Registered Agent			

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