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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

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LLC REGISTERED AGENT CHANGE DKV FITNESS RE 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. Name of the limited liability company: DKV Fitness RE LLC								
2		460 NE 28th Street	(1	., 460 NE	28th Street			
4.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	· —	dailing address of limited lia (Note: MAY BE POST Of	_	• •	
		Unit 3503		Unit 350	03			
		Miami, FL 33137	_	Miami, F	L 33137			
		05/08/14		L140000	74675			
3.		Date of filing/registration in Florida	4.		Document number			
5	(a)	ved, divyang						
J.	(11)	Registered Agent and Registered Office shown on the records of the	he Florid	la Dept. of State	- ::			
		460 NE 28th Street						
		Registered Orfice Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	•			
		Unit 3503						
		Miami , FL	3313	7				
	, l. \	Registered Agents Inc.			TALL SEC	SECOND 1.		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			ddress:	- '' '' '' '' '' '' '' '' '' '' '' '' ''				
		7901 4th St N			9) 2(2) 1(1)		· •	
		NEW Registered Office Address:				學學	1 1	
		STE 300				1 <u>1</u>		
		St. Petersburg	3370	2	<i>p</i> •			
the ag wa the	ent vas/wes arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited lia ture of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete	the reg bility of the lin limited	istered office company, it is mited liability liability con ey Park	e and the business offices hereby confirmed that y company or as otherwingany. Printed or typed name of signality. I further agree to	e of the the ch rise pro	e registered ange(s) ovided in	
the to no	ще	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had myriting of this change. Bill Havre - Assistant			5, F.S. Or, if this docun the limited liability con	vent is ipany l	being filed has been	
Si	gnatu	re of Registered Agent						