

L14 000100646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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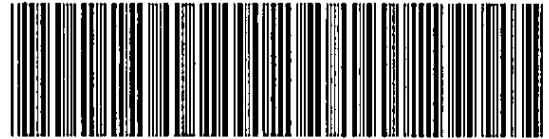
(Business Entity Name)

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2021 JUN 18 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Contrails Fitness Partners, 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:

Kristen Brand

\_\_\_\_\_  
Name of Person

Hancock Askew & Co. LLP

\_\_\_\_\_  
Firm/Company

442 W Kennedy Blvd Suite #240

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

KBrand@hancockaskew.com

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

For further information concerning this matter, please call:

Kristen Brand

813

254-2727

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: Contrails Fitness Partners, LLC

2. (a) 10500 ULMERTON RD #200  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Largo  
FL 33771

(b) PO BOX 18203  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
TAMPA  
FL, 33679

3. 04/16/2021 Date of filing/registration in Florida      4. 2206829782CC Document number

5. (a) REMOVE/DELETE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ANITA'S ACCOUNTING SOLUTIONS, PLLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4110 W ESTRELLA ST  
Tampa, FL 33629

(b) ADD/NEW  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Hancock Askew and Co. LLP  
**NEW** Registered Office Address:  
442 West Kennedy Blvd #240  
Tampa, FL 33606

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TALLAHASSEE, FL

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.

Malia Spranger  
Signature of a member or authorized representative of a member

Malia Spranger  
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 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.*

Malia Spranger  
Signature of Registered Agent