## L14000158076

(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bu	usiness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to	Filing Officer:					
Čffice Use Only						



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10/28/14--01005--002 \*\*25.00

LLC RACH

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11-18-14

## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>,</b>					
SUBJECT: Fvel Figure Fitness 3 Weight Loss LLC  Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Kelsey Cobb  Name of Person						
Firm/Company						
13474 154th Place North Address						
Tupiter, FL 33478 City/State and Zip Code						
Kelsey maniecobb @ yahoo. Com E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please ca	all:					
Kelsey Cobb at (5)	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					

INHS18 (2/14)

## 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. Na	ame of the limited liability company:	1 Figur	e Fitness 3	Well	ght Loss LLC
	13474 154th Place North	(b)	12474	154	+ Place North
()	Principal office address of limited liability company:	(°) -	Mailing	address of	limited liability company:
	(Note: MUST BE STREET ADDRESS)				E POST OFFICE BOX)
	Jupiter, FL 33478		Jupiter,	F	33478
	10/06/2014		L140	0015	8076
3.	Date of filing/registration in Florida	4.	Docu	ment nur	mber
5. (a)	Kelsey Cobb				
()	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State:		
	3218 Care Rd.				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	<del> </del>		
	Take	22U/	 1 <sub>2</sub> G		
	Jupiter ,FL Kelsey Cobb	72 14	<u> </u>		R T
(b)	Kelsey Cobb				28
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addre	<u>888</u> :	-	1 • 1
	in the state of th				
	13474 154th Place North	<u>'1                                    </u>			.:
	NEW Registered Office Address:				-
	Jupiter , FL	334	78		
If the l	imited liability company is not organized under the laws	s of the St	ate of Florida	it is herel	by confirmed that after
the cha	ange or changes are made, the Florida street address of the	he registe	red office and t	he busine	ess office of the registered
was/w	will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of	the limite	ed liability com	pany or a	med that the change(s) is otherwise provided in
the art	icles of organization or the operating agreement of the li	imited lial		_	
Signa	ture to a member or authorized representative of a member		Kelse	<u>y (</u>	Name of signee
		a to ant in			
provisi	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided	e io uci in erforman for in CL	ce of my duties,	and Lan	n familiar with and accept
to mer	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	ereby con	firm that the lin	nited liab	ility company has been
	Mil				
Signatu	of Registered Agent				