

L14000167077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

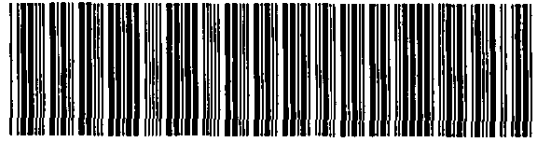
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stretch Zone International 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:

Michael Bush
Name of Person

Stretch Zone International LLC
Firm/Company

1500 Corrova Rd # 204
Address

Ft. Lauderdale FL 33316
City/State and Zip Code

mbush@stretchzone.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bush at (954) 328-9028
Name of Person 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

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: Stretch Zone International LLC

2. (a) 1500 Cordova Rd # 204 (b) PO Box 460367
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Fl. Lauderdale FL 33316 Fl. Lauderdale FL 33346

3. 10/27/14 4. L14000167077
 Date of filing/registration in Florida Document number

5. (a) JORDEN Gold
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

922 N. Federal Hwy
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Fl. Lauderdale FL 33304

(b) Stretch Zone Inc
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1500 CORDOVA RD # 204
NEW Registered Office Address:
Fl. Lauderdale FL 33316

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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.

[Signature] Jordan Gold
 Signature of a member or authorized representative of a member 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.

[Signature]
 Signature of Registered Agent