

L14 000 176 832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

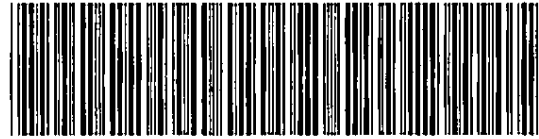
(Document Number)

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2022 JUL 21 AM 9:23
TALLAHASSEE, FLORIDA

JUL 26 2022
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2022

EXERSIZE SCIENCE LAB, LLC
2201 N. HEART PATH
CRYSTAL RIVER, FL 34429

SUBJECT: EXERSIZE SCIENCE LAB, LLC
Ref. Number: L14000176832

We have received your document for EXERSIZE SCIENCE LAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 922A00014741

PLEASE
RUSH!!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exer Size Science Lab
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:

Dennis Jenkins
Name of Person

Exersize Science Lab
Firm/Company

5929 S. Rowan Pt Reg Agent
Address

Leesville, FL 34461
City/State and Zip Code

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

For further information concerning this matter, please call:

Dennis Jenkins at (352) 302-9793
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: Exercise Science Lab

2. (a) 2201 N Heart Path (b) 5929 S Royan Pt
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Crystal River, FL 34429 Lecanto, FL 34461

3. 11/12/2014 4. L14000176832
Date of filing/registration in Florida Document number

5. (a) Dennis R. Jenkins
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5929 S Royan Pt.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Lecanto, FL 34461
_____, FL _____

(b) Morgan Dawson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
22 E Golden St.
NEW Registered Office Address:
Beverly Hills FL, 34465
_____, FL _____

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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]
Signature of a member or authorized representative of a member

Dennis Jenkins
Printed or typed name of signer

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