

L14000183869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

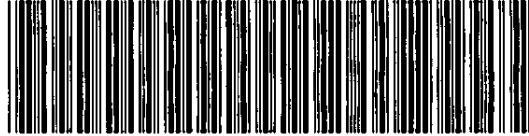
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200279514232

11/30/15--01095--001 \*\*25.00

SECRETARY OF STATE  
ALABAMA, FLORIDA

2015 NOV 30 P 1:13

FILED

DEC 02 2015

3 MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOUNDLESS GYMNASTICS 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:

JENAMARIE HENDERSON

Name of Person

BOUNDLESS GYMNASTICS LLC

Firm/Company

PO BOX 1618

Address

STUART, FL 34995

City/State and Zip Code

boundlessgym@gmail.com

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

For further information concerning this matter, please call:

JEANMARIE HENDERSON

Name of Person

732-312-6554

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: BOUNDLESS GYMNASTICS LLC
2. (a) 7675 SW JACK JAMEA DR, STUART, FL 349 (b) PO BOX 1618, STAURT, FL 34995

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12/01/2014

L14000183869

3. Date of filing/registration in Florida 4. Document number

5. (a) LEGALINC CORPORATE SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS, SUITE 400,

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

FORT MEYERS, FL 33907

- (b) JENAMARIE HENDERSON

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7675 SW JACK JAMES DR

**NEW** Registered Office Address:

STUART, FL 34997

FILED  
2015 NOV 30 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

JENAMARIE HENDERSON

Printed or typed name of signee

Signature of a member or authorized representative of a member

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 of Registered Agent