

L15000022193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

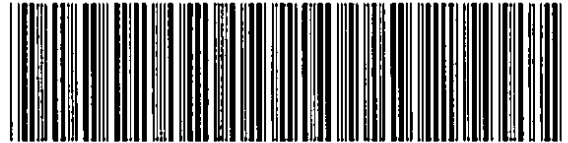
(Business Entity Name)

(Document Number)

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19 JAN 28 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

MARY BOMBARD
209 MORTON LANE
WINTER SPRINGS, FL -3270

SUBJECT: FLEX FITNESS STUDIO, LLC
Ref. Number: L15000022193

We have received your document for FLEX FITNESS STUDIO, 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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 119A00001413

2019 JAN 28 1:11:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flex Fitness Studio, 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:

Mary Anne Bombard
Name of Person

Firm/Company

209 Morton Lane
Address

Winter Springs, FL 32708
City/State and Zip Code

Mariann@flexfitness.fit
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Anne Bombard at (321) 946-3491
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: Flex Fitness Studio, LLC

2. (a) 910 Belle Ave Ste 1060 (b) 209 Morton Lane

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Winter Springs, FL
32708

Winter Springs, FL
32708

3. February 27, 2017
Date of filing/registration in Florida

4. L15000022193
Document number

5. (a) United States Corporation Agents, Inc

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

13302 Winding Oak Court A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Mary Anne Bombard

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

209 Morton Lane

NEW Registered Office Address:

Winter Springs, FL 32708

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.

Mary Anne Bombard
Signature of a member or authorized representative of a member

Mary Anne Bombard
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.

Mary Anne Bombard
Signature of Registered Agent

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