## 115000092909

(Requestor's Name)	
(Address)	3002
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/03/1
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K. SALY APR - 4 2017

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Phenor	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.					
Please return all correspondence cond	cerning this matter to the following:					
Apryl Perez Name of Pere	son					
Phenomenal Firm/Compa	Physiques_					
8499 S. Tami ami Tail Suite 271 Address						
Swesote FL 34 City/State and Zi	<b>238</b> ip Code					
E-mail address: (to be used for	future annual report notification)					
For further information concerning th	is matter, please call:					
Apryl Perez at (310) 741-228/2						
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDR						
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327					
Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	, \$55 Filing, Fee & Certified Copy					

INHS18 (2/14) Weeks # 5084

## 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:	enal	Physiqu	es, LLC	
2. (a)		(b)	4 . 4 .		i Tail
( ) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing add	ress of limited liabi	lity company:
	Suite # 1825		Surte # 2	31	
	Sample , Pl 31238	_	Savasota	FL 342	38
<b>.</b>	May 27, 2015			<u>०० १८१०१</u>	
3.		4.	Documei	nt number	
5. (a)	Registered Agent and Registered Office shown on the records of the	IT and do ID on	at at Charles		
		etorida iser	nt or state:		
	2937 Bee Ridge Rd. Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)	<del> </del>		
	Sute 2	<u> </u>		<b>~</b>	
				125	B -3
		342	<u> 39                                    </u>	CARC A	
(b)	April Perez		••	ASSOCIATION OF THE PROPERTY OF	<b>ω</b> Γ.
(U) .	Enter name of NEW Registered Agent and/or NEW Registered Off	fice address	<u> </u>	H.	고
				FLO	PH 31 17
	8499 S. Tomi omi Trail		<del></del>	和品	1
•	NEW Registered Office Address:			<b>₩</b>	
	Suite # 271				
	Serseb .FL	3423	<u>88</u>		
the chai	imited liability company is not organized under the laws on the company of the florida street address of the	e registere	ed office and the b	ousiness office of	of the registered
was/we	vill be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the	ne limited	liability compar	onfirmed that the or as otherwise	ne change(s) se provided in
he artic	cles of ofganization or the penating agreement of the lin	nited liabi	lity company.		•
Signat	ture of a nember or puthorized representative of a member	<u></u>	Apry	typed name of sign	
	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the proper and complete per igations of my position as registered agent as provided for the reflect a change in the reflect office address, I her in writing of this change	to act in t rformance or in Chaj eby confi	his capacity. I fu e of my duties, am oter 605, F.S. Or, rm that the limited	rther agree to c d I am familiar , if this docume d liability comp	comply with the with and accept nt is being filed any has been
Signatur	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00