15000109525

(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



600315585586

07/11/18--01010--023 **25.00

TILED

SECRETARY OF STATE

O STATOMS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JAWZ Fitness 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:						
Alexander Wallace Name of Person						
JAWZ Fitness Firm/Company						
5904 59th Way Address						
West Palm Beach, FL 33409 City/State and Zip Code						
<u>jauzfitness 1 @ gmail. com</u> E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mexander Wallace at (561) 358 - 0465 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 & Certified Copy						
INHS18 (2/14)						

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	me of the limited liability company:	Fit	ness		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing (<u>Note</u>	address of limite: MAY BE POS	ia Bay Circle de liability company: STOFFICE BOX) Grandens, FC
	Falm Beach Grandens, FL 33918		1 wwn	- Iseach	33418
	April 15 2016 Date of filing/registration in Florida		L150001	-09525	
3.	Date of filing/registration in Florida	4.	Docu	ment number	
5. (a)	United States Corporation Aughts Registered Agent and Registered Office shown on the records of the 13302 Winding Oak Court Registered Office Address ANUST BE FLORIDA STREET AL	e Florida II	Dept. of State:		
	Tampa		12		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	rss:	FILED FILED FILED SECRETARY OF STATE SECRETARY OF STATE TALLAMASSEE, FLORIDA		
	NEW Registered Office Address: S029 Magnolia Bay Circl	le_			PN 6: 1
	So29 Magnolia Bay Circl Palm Beach Gardens .FL	334	18		6
the char agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe fility con the limit mited lia	ered office and to pany, it is here ed liability com bility company.	the business o by confirmed pany or as oth	ffice of the registered that the change(s) serwise provided in
_//	ure of a member or authorized representative of a member	_A	lexander Printe	D Wa	llace
=				••	2
I hereb provision the oblition to mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- gations of my position as registered agent as provided j I werting of this change.	e to act is erformar for in Ch reby con	n this capacity. nce of my duties napter 605, F.S. nfirm that the lin	I further agre , and I am fan Or, if this do nited liability	re to comply with the uiliar with and accept cument is being filed company has been

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

Signature of Registered Agent