L15000154623

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
, es					





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 25, 2018

Order#: 180026/005

Re: TFP CALIFORNIA FITNESS PARTNERS I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Serv

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: TFP CALIFORNI	A FITNE	ESS PARTNERS I, LLC
2	(a)	22568 Mission Boulevard, Suite 525	(b)	o) PO Box 18203
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Hayward, CA 94541	- -	Tampa, FL 33679
		09/10/2015	_	L15000154623
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Anita's Accounting Solutions, PLLC		
	` '	Registered Agent and Registered Office shown on the records of the	ne Florida l	a Dept. of State:
		3113 S. Dale Mabry Highway, Suite A		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>
				-
		Tampa , FL	33629	FR A
	(b)	Corporation Service Company		27 EE
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1201 Hays Street		100 PM 10
		NEW Registered Office Address:		
		Tallahassee FI.	32301	
th ag w	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the S the regist bility con the limi	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		/s/ Anita Camacho	Anita	ta Camacho, Authorized Person
	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
pr th to no	ovisi e obl mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company	performa for in C ereby co	iance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed
_	J	Division of Corporations P.O. B		•

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