15000154625

(Requestor's Name)					
(Address)					
(Address)					
(City.	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

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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#: 180026/010

Re: TFP CALIFORNIA FITNESS PARTNERS II, 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 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	IA FITNE	SS PAR	TNERS II, LLC
2.	(a)	22568 Mission Boulevard, Suite 525 Principal office address of limited liability company:	_ (b)	PO Bo	0x 18203 Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(<u>Note: MAY BE POST OFFICE BOX</u>)
		Hayward, CA 94541	_	Tampa,	FL 33679
		09/10/2015		L150001	54625
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 th	e Florida l	Dept. of Sta	tte:
		3113 S. Dale Mabry Highway, Suite A			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		_
		Tampa ,FL	33629		
		,		-	-
	(b)	Corporation Service Company			_ 2
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	ress:	
		1201 Hays Street			600 22 E
		NEW Registered Office Address:			-
					_
		Tallahassee , FL_	32301		_
the age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit	ered offic npany, it ed liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		/s/ Anita Camacho	Anita	Camach	o, Authorized Person
		ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	ovisio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	e to act i erforma for in Ci ereby coi	n this cap nce of my hapter 60 ifirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	natur	e of Registered Agent Corporation Service Company	BY: An	ni M. Ca	sper

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