

# L15000189963

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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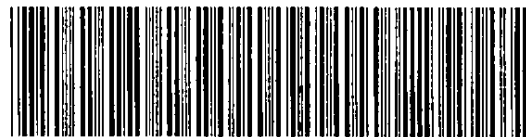
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2017 JUN 19 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 20 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEIGHTLITE PRO, 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:

JULIE JAQUES

Name of Person

WEIGHTLITE PRO, LLC

Firm/Company

PO Box 551695

Address

JACKSONVILLE FLORIDA 32255

City/State and Zip Code

robert@weightlitepro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE JAQUES

~~XXXXXXXXXX~~  
Name of Person

at ( 904 ) 412 3134

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: WEIGHTE PRO, LLC

2. (a) WEIGHTE PRO, LLC (b) WEIGHTE PRO, LLC  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8833 PERIMETER PARK BLVD # 202 PO BOX 551695  
JACKSONVILLE, FL 32216 JACKSONVILLE FL 32255

3. 09/21/2015 4. L15000159963  
Date of filing/registration in Florida Document number

5. (a) JANAE J. NUSPL - PLEASE REMOVE THIS AGENT  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8833 PERIMETER PARK BLVD # 202  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
JACKSONVILLE FL 32216  
, FL

(b) JULIE JAQUES  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

IF FLORIDA STREET ADDRESS PLEASE USE  
NEW Registered Office Address: 8833 PERIMETER PARK BLVD  
PO BOX 551695 # 202  
JACKSONVILLE FL 32216  
JACKSONVILLE, FL 32255

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUN 19 PM 12:23

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.

[Signature] JULIE JAQUES  
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent