

LL5 000 1600 2460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

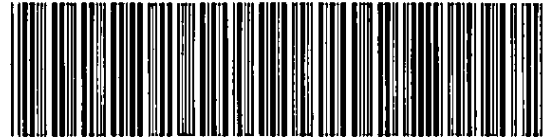
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/19--01007--011 **25.00

2019 NOV 21 AM 6:14

11:20

R. WHITE
NOV 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAX FLEX FITNESS L.L.C
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:

Antonio MAGADDINO
Name of Person

MAX FLEX FITNESS L.L.C
Firm/Company

8549 SILK OAK LN
Address

NAPLES FL 34119
City/State and Zip Code

Fitness coach NINO@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio MAGADDINO at (239) 287-4558
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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2019

ANTONIO MAGADDINO
8549 SILK OAK LN
NAPLES, FL 34119

SUBJECT: MAX FLEX FITNESS, LLC
Ref. Number: L15000160246

We have received your document for MAX FLEX FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 819A00021792

REC-11-00
2019 NOV 21 AM 7:00

ⓐ you kept \$25.00 filing fee
I changed the name of
agent to Antonio MAGADDINO

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: MAX Flex Fitness L.L.C
2. (a) MAX Flex Fitness
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
8549 SILK OAK LANE
Naples FL 34119
- (b) MAX Flex Fitness
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
8549 SILK OAK LN
NAPLES FL 34119
3. 9/21/15
Date of filing/registration in Florida
4. L15000160246
Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS ST
Tallahassee, FL 32301

- (b) Antonio MAGADDINO
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8549 SILK OAK LN
NEW Registered Office Address:

NAPLES, FL 34119

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]
Signature of a member or authorized representative of a member

Antonio MAGADDINO
Printed or typed name of signee

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