## 45000200324

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D. SCOTT JUL 7 2017

## "COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Down Range F. tness 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:	•
Shela Cook Name of Person	
Down Range F. tness Firm/Company	
4399 Pine Grove Church Rd. Address	
City/State and Zip Code	= <u>=</u>
E-mail address: (to be used for future abnual report notification)	FILEU -5 PH 12: 30
For further information concerning this matter, please call:	D: 30
She la Cook at (850) 643-7167  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	

## 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	nme of the limited liability company:	Range	Fitness
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	10 しゅう 「上 - Z O Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Bristol, FL 32321	<del>-</del>	Br. 6701 FL 32321
		<u> </u>		15000208324
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the state of the sta		of State:
		Bristol , FL	3232	
	(b)	Sheila Cook		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ASS5
		NEW Registered Office Address:	L Rd	ED GESTATE E., FLORIDA
		Quincy , FL	3235	1
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the programmation or the operating agreement of the law	the registered bility compan f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
1	(		<u> </u>	Printed or typed name of signee
I h pro the to n	erel visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agreeous of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have the control of this change.		