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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Seriously Strong Training LLC.  Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Person						
Seriously Strong Training LC. Firm/Company						
2901 E Park Ave #1900 Address						
Tallahassee, FL 32301 City/State and Zip Code						
Keith @ Seriously strong training. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (850 ) 570 - 6225  Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

## 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. N	ame of the limited liability company:Set	niously	Strong	Training	
2. (a)	70010011	(b)	2901	F. Park Ave	#1900
. ,	Principal office address of limited liability company	y:		ling address of limited liab	
	(Note: MUST BE STREET ADDRESS)		Q	Note: MAY BE POST OF	FICE BOX)
	Tallahassee, FL	<del></del> -	Tall	ahassee, Fl	
	32301		<u> </u>	30 1	
	62/15/2016		L 160	1000 311 62	
3.	Date of filing/registration in Florida	4.	De	ocument number	
5. (a)	Keith A Honson, 11				
	Registered Agent and Registered Office shown on the recor	rds of the Florida I	Dept. of State:		
	1749 Beechwood Cin S	-			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)			
	T 11 1	0		Ē	<b>67</b> )
	/ alla hassee	_, fl327	301	<b>≥</b>	8
(b)	Keith A. Hansen 11			IASSE	<b>6</b> Prime
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office addr	ress:	m <sub>⊆</sub>	3 1
					=
	2901 EPark Are #	1900		X A	
	NEW Registered Office Address:	, , ,		<b>3</b>	1967)
	Tallahassee	_, FL	301		
If the	limited liability company is not organized under the	he laws of the S	State of Florid	da, it is hereby confirr	ned that after
the ch	ange or changes are made, the Florida street addre	ess of the regist	ered office ar	nd the business office	of the registered
agent was/w	will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the member.	ted Hability con	npany, it is ne ted liability c	ereby confirmed that it	ine change(s) se provided in
	icles of organization or the operating agreement o				nt premius
	Keeth Hoursm		Keiti	h Hansen	
Signa	ature of a member or authorized representative of a member		Pı	rinted or typed name of sig	nee
I here provis the ob to men notifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre ed in writing of this change.	d agree to act i plete performa ovided for in Cl ss, I hereby cor	in this capaci nce of my du hapter 605, F nfirm that the	ty. I further agree to ties, and I am familiar E.S. Or, if this docume climited liability comp	comply with the with and accept ent is being filed pany has been

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

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Signature of Registered Agent