

L16 0000 40407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

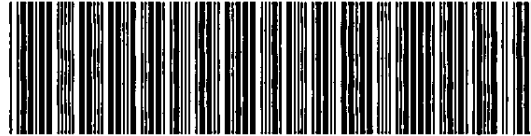
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 30 AM 11:21

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K. SALY
EXAMINER

JUL -1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agent change of address request
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:

Joan Smith

Name of Person

Platinum Fitness Solutions LLC

Firm/Company

900 West Avenue, Apt 525, Miami Beach

Address

Miami, Florida

City/State and Zip Code

33139, lifeflyer@hotmail.com

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

For further information concerning this matter, please call:

Joan Smith

Name of Person

at ()

808 398 1163

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: Platinum Fitness Solutions LLC

2. (a) Factitious name1: Miami Beach Body

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

900 West Avenue, Apt 525

Miami, Florida

ZIP: 33139

(b) 2. Miami Beach Body Fitness Tourist

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

900 West Avenue, Apt 525

Miami beach Florida

ZIP: 33139

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

910 WEST AVENUE APT. 432

Miami Beach, Florida, FL 33139

(b) Joan Smith

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

900 WEST AVENUE, APT. 525

Miami Beach Florida, FL 33139

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 of a member or authorized representative of a member

Joan Smith

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 of Registered Agent

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

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2016 JUN 30 AM 11:21
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