

L160000941979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

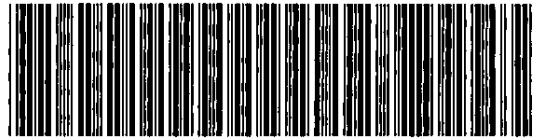
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY 11 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
MAY 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

GINA HEYN
693 GREENWOOD MANOR CIR
WEST MELBOURNE, FL 32904

SUBJECT: FIND YOUR FITNESS WITH GINA LLC
Ref. Number: L16000094979

We have received your document for FIND YOUR FITNESS WITH GINA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00008170

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIND Your Fitness With Gina
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:

Gina Szeman
Name of Person

FIND Your Fitness With Gina
Firm/Company

693 Greenwood Manor Circle
Address

W. Melb FL 32904
City/State and Zip Code

Gina@FindYourFitnessWithGina.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Szeman at (321) 806-0183
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. Name of the limited liability company: Find Your Fitness With Gina

2. (a) 693 Greenwood Manor Circle (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

W. Melb, FL 32904

3. 7/2015
Date of filing/registration in Florida

4. L16000094979
Document number

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

693 Greenwood Manor Cir W. Melb.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL 32904

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TALLAHASSEE, FLORIDA
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(b) Gina Szeman
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

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.

Gina Szeman
Signature of a member or authorized representative of a member

Gina Szeman
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.

Gina Szeman
Signature of Registered Agent