116000095301

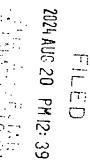
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE AUG 2 6 2024			

Office Use Only



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08/20/24--01031--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
2. Total of corporations					
SUBJECT: Platinom F. torss, UL					
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:					
Clara Posh					
Claron Nash Name of Person					
Prince the same					
Platinom Fitness LLC Firm/Company					
12403 (iting St Address					
DIva, FL 339 20 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please c	all:				
λ $\alpha \lambda$ Δ λ	1 10 061 0110				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address:					
Registration Section	Street Address: Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
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: Platino m	F.tors	s LLC
2 (a)	12196 Sussey St	(b)	
2, (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fo.+ Myen FL 33913		
	05/16/2016	L	16000095301
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:
	13196 SUSSELS+	ADDRESS	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>AUDKESS)</u>	N
	Fortmars, FI	<u> 33913</u>	POLLED PHIZ: 10
			0 1
(b)	Qaron Nash		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	1997 15 9
	12403 (it ing St		3 6
	NEW Registered Office Address:		
			
	ALVa, FI	_339) kc)
If the 1	imited liability company is not organized under the lav	us of the Stat	a of Florida, it is heraby confirmed that after the
change agent v was/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	iture of a member or authorized representative of a member	<u> Qai</u>	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change.	ee to act in ti	his canacity. I further agree to comply with the
Signati	ure of Registered Agent		