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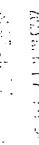
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions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

Office Use Only



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04/17/23--01011--018 ++25.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Achievers Roll Enterprise	ises, LLC ability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the fo	ollowing:
	Name of Person Achievers Roll Enterprises, L. Firm/Company Alhambra Plaza, PH Floor	- C 200 625
	Address	7
	City/State and Zip Code	<u>-</u>
- <u>-</u> <u>E</u>	dear tw1@ gol. com -mail address: (to be used for future annual report notific	cation)
For fur	ther information concerning this matter, please call:	
Do	Name of Person at (305) 434 - 5955 Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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: Achievers Roll Enterprises, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) / Alhambra Plaza PH Floor (b) / Alhambra Plaza PH Floor (b) / Alhambra Plaza PH Floor (c) / Alhambra Plaza PH Floor (b) / Alhambra Plaza PH Floor (c) / Alhambra Plaza PH Floor (d) / Alhambra Plaza PH Floor (e) / Alhambra Plaza PH Floor (e) / Alhambra Plaza PH Floor (f) / Alhambra Plaza PH Floor (ii) / Alhambra Plaza PH Floor (iii) / Alhambra Phaza Phaza PH Floor (iii) / Alhambra Phaza Pha
	Miami (Coral Gables) FL Miami (Coral Gables) FL
	33/34 33/34
	5/19/2016 6 16000098132
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:
	1201 Hays Street
	Registered Office Addréss (MUST BE FLORIDA STREET ADDRESS)
	Tallahassee FI 3230/
(b)	O A C Cativialt To
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	8567 Coral Way
	NEW Registered Office Address:
	<u># 560</u>
	Miami ,FL 33155
chang agent was/w the art Sign: I here provise the obto men	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the e or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in aicles of organization or the operating agreement of the limited liability company. David G. Cartwright Jr.
	favid II. Cartunglit 91-

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

Signature of Registered Agent

L22000 329228

(Requi	estor's Name))			
(Addre	ess)				
(Addre	ess)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Busin	ess Entity Na	me)			
(Доси	ment Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to Fili	ng Officer:				

Office Use Only



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04/17/28--01028--011 ++55.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	TAC FITNESS TRAINING LLC	
		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	iclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Amano	da J. Beren	
	Name of Person	
	Firm/Company	
31410	Agoura Rd, Suite 118	
	Address	
Westla	ke Village, CA 91361	
	City/State and Zip Code	
filings	@corpnet.com	
I	E-mail address: (to be used for future and	nual report notification)
For fu	rther information concerning this matter,	, please call:
Amano	la J. Beren	888 449-2638 at ()
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
P.O. Box 6327 The Centre of Tallaha		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		i mimidosee, i D 52505
	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	ame of the limited liability company:	RAINI	NG LL	C			
2. (a)	1501 CANOPY PASTURE DR		(b) 1501 CANOPY PASTURE DR				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Ma	iling address of Note: MAY	of limited SE POST	d liability company: FOFFICE BOX)
	SAINT CLOUD, FL 34771	_	SA	NT CLO	UD, FL 3477	1	<u> </u>
	07/25/2022		L220	00329228	3		
3. 5. (a)	Date of filing/registration in Florida NEARSIDE BUSINESS CORP	4.		D	ocument nu	mber	
5. (a)	Registered Agent and Registered Office shown on the records of to 1032 E BRANDON BLVD	he Flor	da Dept	. of State:		-	20
	Registered Office Address MUST BE FLORIDA STREET A	TREET ADDRESS)				完成人	2023 45 g
	BRANDON	33511					7
Ψ,	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St. N NEW Registered Office Address: Suite 300	Office	dåress:				9: 4
TCA II		33702					
agent wi was/wer	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	registe bility of the li	red off ompan nited l	ice and the y, it is he iability c	he business ereby confir ompany or :	office of the	of the registered
2	19 7000	TA	REK A		DE HERNA		
I hereby provision the oblig to merely notified i	re of a member or authorized representative of a member of a comparison of a comparison of all statutes relative to the proper and complete prations of my position as registered agent as provided by reflect a change in the registered office address, I have the comparison of this change.	e to ac perforn for in pereby c	et in the nance of Chapte confirm		rinted or typed ity. I further ties, and I a I.S. Or, if the limited liab		•
	of Registered Agent			٠			