

L160000143377

(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:

Office Use Only



100288908451

08/16/16--01010--008 \*\*25.00

16 AUG 15 PM 2:21  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 18 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pure Lines Fitness LLC  
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:

Ben Slayen

Name of Person

Pure Lines Fitness LLC

Firm/Company

666 Clearwater Parkroad. Apt. 611

Address

West Palm Beach, Florida 33401

City/State and Zip Code

Ben @ pure lines fitness. com

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

For further information concerning this matter, please call:

Megan Dunn

Name of Person

at (561) 267-3362

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

## 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: Pure Lines Fitness LLC
2. (a) 3301 Embassy Drive  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
West Palm Beach, Florida  
33401
- (b) 3301 Embassy Dr.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
West Palm Beach, FL.  
33401
3. 8/1/16  
Date of filing/registration in Florida
4. L16000143377  
Document number

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

601 Clearwater Parkroad Apt. 611  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

West Palm Beach Florida 33401  
\_\_\_\_\_, FL \_\_\_\_\_

- (b) Ben Slayen  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

601 Clearwater Parkroad. Apt. 611  
**NEW** Registered Office Address:

West Palm Beach. Florida  
33401, FL \_\_\_\_\_

FILED  
16 AUG 15 PM 2:21  
TALLAHASSEE, FLORIDA

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.

Megan Dunn  
Signature of a member or authorized representative of a member

Megan Dunn  
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]  
Signature of Registered Agent