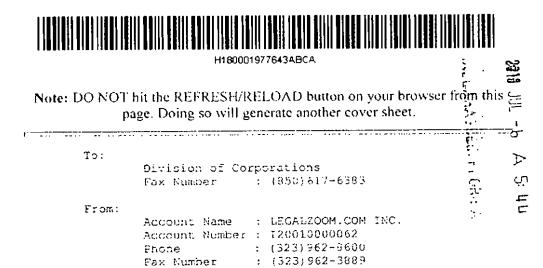
Division of Corporations



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LLC REGISTERED AGENT CHANGE SFL FITNESS - PEMBROKE PINES, LLC

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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	me of the limited liability company: SFL FITNESS								
2. (a)	8860 SW 118TH STREET		(b) 8860 SW 118TH STREET						
2. (· ,	Principal office address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		(Note: MUST BE STREET APPRESS)					CBE PUS	QFFIL.	E. BUX)	
		MIAMI, FL 33176		M	IAMI, F	L 33176				
3. 5.	(a)	O3/01/2017 Date of filing/registration in Florida GRUENINGER LAW, P.A. Registered Agent and Registered Office shown on the records of the 267 MINORCA AVE., #100 Registered Office Address	33134	ы Dер S I		Document	number	2211 JUL -6 A 5: 4 b		
(b)	UNITED STATES CORPORATION AGENTS,		_						
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice o	ldres	N:					
		13302 WINDING OAK COURT, SUITE A								
		NEW Registered Office Address:	_			•				
		TAMPA , FL 3	33612	2						
the age	cha nt y /we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited link are authorized by an affirmative vote of the members of close of organization or the operating agreement of the li	he reg pility of the lit imited	istere comp nited liabi	ed office any, it is Hiability ility con	e and the bus hereby co y company ppany.	isiness of infirmed (or as oth	ffice of that the	the registered change(s)	
	Signature of a member or authorized representative of a member Printed or typed name of signee									
l h pro the to n	erei viși obl ieri	we off anember or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	erjorn för in	nanc Cha	e of my i oter 605	acity. I fur duties, and F.S. Or	ther agre I am fam if this do	re to cor iliar wi cument	nply with the th and accept is being filed	
	()	CHEYENNE MOSELEY, ASSISTANT SECRETARY, STATES CORPORATION AGENTS, INC.	, דדואט	ın						