

L17000049300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

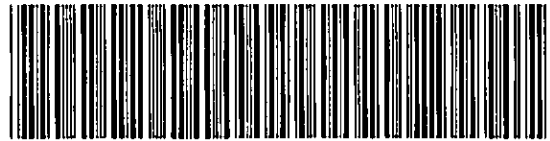
(Business Entity Name)

(Document Number)

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JAN 23 2018

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DIVISION OF CORPORATIONS
18 JAN 22 AM 11:59

00524 note



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

CRAIG VECCHIARELLI
14540 7TH ST
DADE CITY, FL 33523

SUBJECT: CV FITNESS LLC
Ref. Number: L17000049300

RECEIVED
JAN 22 2018

We have received your document for CV FITNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 5(a) of the form must match our records.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 018A00000459

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CV 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:

Craig Vecchiarelli
Name of Person

Firm/Company

14540 7th St
Address

Dade City FL 33523
City/State and Zip Code

Craig9232@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Vecchiarelli at (813) 838 3079
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: CV Fitness LLC

2. (a) 5023 5023 N. Florida Ave (b) 14540 7th St.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Tampa FL 33603

White City FL 33523

3. 03/02/2017 4. L17000049300
Date of filing/registration in Florida Document number

5. (a) Leccchiarelli, Craig S
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

208 E Fern St.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL FL 33604

(b) Andrew Barry Jackson III
Enter name of NEW Registered Agent and/or NEW Registered Office address:

13235 State Rd 52

NEW Registered Office Address:

Suite 110

Hudson FL 34669

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DIVISION OF CORPORATIONS
18 JAN 22 AM 11:59

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.

C Vecchiarelli
Signature of a member or authorized representative of a member

Craig S Vecchiarelli
Printed or typed name of signer

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.

C Vecchiarelli
Signature of Registered Agent

**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: CV Fitness LLC
2. (a) 5023 5023 N. Florida Ave. (b) 14540 7th St
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tampa FL 33603 Dele City FL 33523
3. 03/02/2017 4. L17000049300
Date of filing/registration in Florida Document number
5. (a) Vecebiarelli, Craig S
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
208 E Fern St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL FL 33604
- (b) Andrew Bacon Jenkins III
Enter name of NEW Registered Agent and/or NEW Registered Office address:
13235 State Rd 52
Suite 110
Hudson FL 34664

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 22 AM 11:59

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.

C. Vecebiarelli
Signature of a member or authorized representative of a member

Craig S Vecebiarelli
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.

C. Vecebiarelli
Signature of Registered Agent