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COVER LETTER

Division of Corporations		
SUBJECT: Hydrofitness & More LLC		
Nam	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted f	or filing.
Please return all correspondence concerning this	matter to the following:	
Brandon Stanko		
Name of Person		
Karstaedt & Stanko. P.A.		
Firm/Company		
301 W Bay St Ste 14132 Address		
Jacksonville FL 32202		
City/State and Zip Code		
brandon@jaxcorporatecounsel.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter,	lease call:	
Brandon Stanko	at (904) 217-5159	
Name of Person		me Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	mount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certif	īed 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	Same of the limited liability company: Hydrofitness &	More, LLC	
2. (a)		(b)	
2. (4)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida		00067350 Document number
	Hydrofitness & More, LLC		
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dent. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 2423 Green Glade Ct	ADDRESS)	FILL ALLAHASSE
	Fleming Island . FI	32003	HASSEEL FL
(b)	Karstaedt & Stanko, P.A. Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	FLORIDA
	NEW Registered Office Address:		
	301 W Bay St Ste 14132		
	Jacksonville	32202	
the cha agent v was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the presentation or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the registered t, it is hereby confirmed that the change(s) ability company or as otherwise provided in the company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
подприе	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	re of Registered Agent		

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