

(((H210000230973)))



H210000230973.ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE **ACTICLUB LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

777

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	une of the limited liability company: ACTICL	UB LL	.C		
7	(a)	7801 N. Federal Highway	(h	(b) PO BOX 812042		
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		9-306		Boca R	aton, FL 33481	
		Boca Raton, FL 33487				
		07/11/2017		L170001	48726	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	MAX KANGASNIEMI				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7801 N. Federal Highway					:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		9-306				
		Boca Raton	FL 33487			
		,	n. <u></u>		يني	
	(b)	Registered Agents Inc.			.	
	Enter name of NEW Registered Agent and/or NEW Registered Of		red Office add	lress:	• • •	
		7901 4th St N			ज्ञाः . ३	
		NEW Registered Office Address:			- ->	
		STE 300				
		St. Petersburg	FL_33702			
th ag wa	e cha ent v as/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	of the regis Hiability cors of the lim	tered office mpany, it is ited liability	and the business office of the registered, hereby confirmed that the change(s) y company or as otherwise provided in	
\triangleright	_: เ	Tak.	Rile	y Park		
		ture of a member or authorized representative of a member			Printed or typed name of signee	
I pr th to	here ovis e obi mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address	agree to act ete perform ided for in C , I hereby co	in this cape ince of my d Thapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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

Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre