## L17000177263

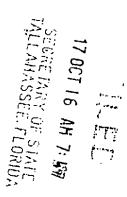
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Well'S 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:			
Haley Wells Name of Person			
Wells Fitness LLC Firm/Company			
4106 COCHISE TETT			
Sarasita, FL 34233 City/State and Zip Code			
haley. Well @ Dabybottamo Lom E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Haley Wells at (407) 473-7272  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:			
\$55 Filing Fee & Certified 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. Na	me of the limited liability company: Wells	Fitness LLC
2. (a)	4106 Cochise Terrare	(b) 4106 Lochise Terrace
2. (u)	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Sarasota, FL 34233	Sarasota, PL 34233
	10000	1 170001 772 / 7
2	Ang 18, 2011	L17000177263
3.	Date of filing/registration in Florida	4. Document number
5. (a)	MOCOCOCCOCCO HATEY W	CII S
	Registered Agent and Registered Office shown on the records of	the riorida Dept. 01 State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	2937 Helen Ave	
	<u>Criando</u> , FI	1.39.804 SSS 6 15
(L)	Haley Mells	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	
		) DRIC DRIC
	NEW Registered Office Address:	
	4106 Cochise Terrace	,
	Sarasota	. 34233
		<u> </u>
If the li	mited liability company is not organized under the la	ws of the State of Florida, it is hereby confirmed that after
agent v	nge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited I	f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the limited liability company or as otherwise provided in
c/	Jalea MollA	Haley Wells Printed or typed name of signee
	ure of a member or authorized representative of a member	
I hereh	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accep
the obli	igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accep ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
notified	Win writing of this change,	
Signatur	e of Registered Agent	