

L17000201004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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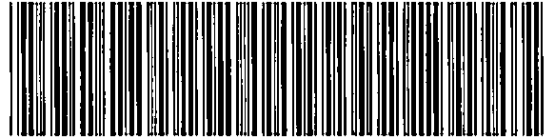
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
HALL COUNTY, FLORIDA

BY SIGNATURES  
SEP 20 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROAR OF THE LION 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:

MICHAEL DACORTA  
Name of Person

Firm/Company

1338 LOST KEY PLACE  
Address

LAKEWOOD RANCH, FL 34202  
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL DACORTA at (941) 807-9933  
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: ROAR OF THE LION FITNESS, LLC
2. (a) 13313 HALKYN POINT ORLANDO FL 32832 (b) SAME AS STREET ADDRESS  
Principal office address of limited liability company: Mailing address of limited liability company.  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. SEPTEMBER 28, 2017 4. L17000201004  
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 WINDING OAK COURT, A,  
TAMPA, FL 33612

- (b) MICHAEL DACORTA  
Enter name of NEW Registered Agent and/or NEW Registered Office address.

MICHAEL DACORTA  
NEW Registered Office Address:  
1338 LOST KEY PLACE  
LAKEWOOD RANCH, FL 34202

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.

Michael Dacorta  
Signature of a member or authorized representative of a member

MICHAEL DACORTA

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.

Michael Dacorta  
Signature of Registered Agent

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

FILED  
18 SEP 20 AM 11:46  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF REVENUE