Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE **CLASS FITNESS, LLC**

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Electronic Filing Menu

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Help

Fax Audit # H19000025033

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.

I. N	ame of the limited liability company: _ CLASS FITNE	SS, LLC	
2. (a)	100 Magnolia St Apt 4309	(b)	100 Magnolia St Apt 4309
(,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (%)	Mailing oddress of limited liability company (Note: MAY RE POST OFFICE ROX)
	Jacksonville, Florida 32204		Jacksonville, Florida 32204
	12/20/2017	_	L17000258915
3.	Date of filing/registration in Florida	4 .	Document number
5. (u)	UNITED STATES CORPORATION AGENTS, INC.		
\-/	Registered Agent and Registered Office shown on the reco.ds of the 13302 WINDING OAK COURT A Registered Office Address		
	TAMPA FL_	33612	19 JA
(b)	Business Filings Incorporated		
	Enter name of NEW Registered Agent and/or NEW Registered (1200 South Pine Island Road NEW Registered Office Address:	Office udd	SEE. FLORID
	Plantation, FL_	33324	
the chi agent i wastw	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of ocless of organization or the operating agreement of the l	he regist bility cor the luni imited li	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
{	mag of a member 32 authorized representative of a mointer	- Gar	y A Brown, Member Printed or typed name of signer
I hare provis the obs to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.		in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed njirm that the limited liability company has been
Signature	ne of Registered Agent Mark Williams, AVP, Business	ruings	псогрогаеси
	Division of Corporations • P.O. B FILING FE		

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