Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE **CLASS GYM 1, LLC**

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Fax Audit # H190000085133

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, Florada Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the Stato of

1. N	ame of the limited liability company: CLASS GY	M 1, LLC
2 (:0)	100 Magnolia St Apt 4309	(b) 100 Magnelia St Apt 4309
~. (II)	Principal office address of limited hability commany. (Note: MUST BE STREET ADDRESS)	Midling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, Florida 32204	Jacksonville, Florida 32204
	12/27/2017	L17000262257
3	Date of filing registration in Florida	4. Document number
	-	- · · · · · · · · · · · · · · · · · · ·
5 (a,	United States Curporation Has Registered Agent and Registered Office shown on the records	CITO INC. If the Florish Dopt, of State:
	13300 Winding Oak Cour Registered Office Address MIST BE FLORIDA STREET	LADDRESSI
	Tamaa	· 20/010
	Tampa	55071
(b)	Business Filings Incorporated	
•	Enter there of NEW Registered Agent and/or NEW Registere	ed Office address:
	1200 Carola Birra Island Bood	
	1200 South Pine Island Road NEW Registered Office Address:	
	PL 19 Registered Office Address.	
	44	***************************************
	Plantation F	L_33324
If the	limited liability company is not organized under the li	aws of the State of Florida, it is hereby confirmed that after
the chi	ange or changes are made, the Florida street address of	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s)
washy	ere authorized by an affirmative vote of the members	of the limited liability company or as otherwise provided in
UIC AL	the operating agreement of the	Gary Brown, Member of CLASS FITNESS, LLC, Member
Sign	nemper of a member of outborized representative of a member	Timed of types take of name
I here pi avis the ob wo mer notifie	thy accept the appointment as registered agent and ag- tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid- ely reflect a change in the registered office address. I d'in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my dulles, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
11	the of Registered Agent - Mark Williams, AVP, Busine	
Signah		
		Box 6327 • Tallahassec, FL 32314 FEE: \$25,00

INH\$18 (2/14)

Fax Andit # H19coccoas133