L17000 264076

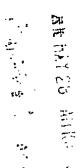
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO;	Registration Section Division of Corporations			
SUBJ	More Life Fitness, LLC			. 8
., .		ne of Limited	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	lice Change at	nd fec(s) are submitted for filin	g.
Please	return all correspondence concerning th	is matter to th	e following:	
Danie	el L. Foster			
•	Name of Person			
More	Life Fitness, LLC			
,	Firm/Company		<u> </u>	
1143	3 82nd Ave.			
	Address			
Semi	nole, Fl 33772			
	City/State and Zip Code			
dan@	epengatampabay.com			
E	-mail address: (to be used for future ann	ual report not	ification)	
For fur	ther information concerning this matter,	please call:		
Danie	el L. Foster	727	260-1353	
	Name of Person	(Area Code & Daytime Tele	phone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section fivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	☑ \$25 Filing Fee	Q 5	555 Filing Fee & Certified Cop	y

NHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOILIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State in Florida.

(a)		(b)	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	11433 82nd Ave.		11433 8	2nd Ave.
	Seminole, FI 33772		Seminol	e, FI 33772
	12-29-2017		L170002	264076
	Date of filing/registration in Florida	4.		Document number
(a)	Daniel Foster			
,	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET 13302 Winding Oak Court A			
	Tampa , FI	_33612	!	
o)	Daniel Foster			
1	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ldress:	2 CC
	NEW Registered Office Address:			<u> </u>
	11433 82nd Ave.			3
	Seminole, FI	33772		
	mited liability company is not organized under the la	ws of the	stered office.	and the husiness office of the region
nai t w we	age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members cales of organization or the operating agreement of the	iability co of the ling limited	ompany, it is nited liability	company or as otherwise provided pany.

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.

Signature of Registered Agent