L180000 21390

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





700313072947

05/09/18--01021--020 **25.00

ZOIN MAY -9 PM 4:31
SECRETARY OF STATE ANA REFE STATE

B FIGUEROA MAY 1 1 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 7, 2018

Order#: 180026/070

Re: TFP CALIFORNIA FITNESS PARTNERS VI, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. No	ame of the limited liability company: TFP CALIFORN	NA FITNI	ESS PART	NERS VI, LLC		
2. (a)	3113 S. Dale Mabry Highway, Suite A	(b)	PO Box	x 18203		
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tampa, FL 33629	<u> </u>	Tampa,	FL 33679		
	01/24/2018		L1800002	21390		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Corporation Service Company			e: ART T		
(b)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	AHASS		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS,		Y-9 PH 4: 31 HASSEE, FLORIDA		
	1201 Hays Street					
		. 32301		RIDA RIDA		
	Anita's Accounting Solutions, PLLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 3113 S. Dale Mabry Highway, Suite A <u>NEW Registered Office Address:</u>	Office add	lress:	_		
	Tampa , FL	, 33629		-		
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regis ability co	tered office mpany, it i ited liabilit	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in		
	Anita Camacho	Anita	a Camacho	o, Authorized Person		
Signa	ture of a member or authorized representative of a member	4		Printed or typed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act performe d for in C hereby co	in this cap ince of my chapter 605 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been		
	Anita Camacho					
Signatu	ire of Registered Agent Anita's Accounting Solutions, PLLC	BY: A	nita Cama	cho		