

48000083264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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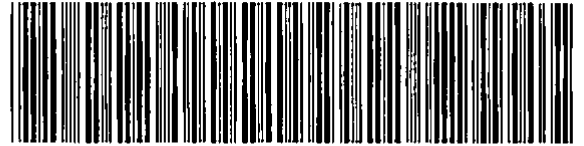
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

C. GOLDEN

FEB 14 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SYNERGY FITNESS GROUP LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**GIUSEPPE SCARLATO**

\_\_\_\_\_  
Name of Person

**SYNERGY FITNESS GROUP LLC**

\_\_\_\_\_  
Firm/Company

**1616 CAPE CORAL PKWY W SUITE 102 PMB 189**

\_\_\_\_\_  
Address

**CAPE CORAL, FL 33914**

\_\_\_\_\_  
City/State and Zip Code

**scarlato7860@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GIUSEPPE SCARLATO**

**239**

**677-4331**

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

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.

**SYNERGY FITNESS GROUP LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) 4417 SW 15th PLACE (b) 1616 CAPE CORAL PKWY W

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

CAPE CORAL, FL 33914

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SUITE 102 PMB 189

CAPE CORAL, FL 33914

APRIL 2, 2018

L18000083264

3. Date of filing/registration in Florida 4. Document number

GIUSEPPE SCARLATO

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4417 SW 15th PLACE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CAPE CORAL

33914

, FL

N/A

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

2132 CAPE HEATHER CIR

NEW Registered Office Address:

CAPE CORAL

33991

, FL

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.

GIUSEPPE SCARLATO, AMBR

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

**FILED**  
2019 FEB -6 PM 1:25  
TALLAHASSEE, FL  
DIV OF STATE