

218000089636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

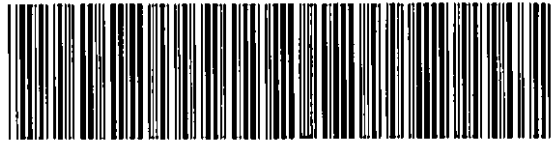
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800317413438

08/31/18--01024--011 **25.00

FILED
2018 AUG 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODYTEAM, LLC

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:

HAYWARD DYKES JR.

Name of Person

HAND ARENDALL HARRISON SALE LLC

Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

HDYKES@HSMCLAW.COM

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

FILED
2018 AUG 31 PM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

HAYWARD DYKES JR.

at (850) 650-0010

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.

1. Name of the limited liability company: BODYTEAM, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3956 Indian Trail

P.O. Box 248

Destin, Florida 32541

Destin, Florida 32540

04/09/2018

L18000089636

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

5. (a) CONERLY, BOWMAN & DYKES, LLP

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4481 Legendary Drive, Suite 200

Destin, FL 32541

(b) HAND ARENDALL HARRISON SALE LLC

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

NEW Registered Office Address:

35008 Emerald Coast Parkway, Suite 500

Destin, FL 32541

FILED
2018 AUG 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Fuchsia McInerney
Signature of a member or authorized representative of a member

Fuchsia McInerney
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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00