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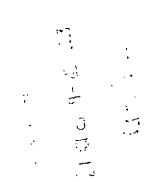
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)	_				
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Codification of Status					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section

Divi	ision of Corporations					
SUBJECT:	Fusion Fit & Medical LLC Name of Limited Liability Company					
301311.01.						
Dear Sir or l	Madam:					
The enclosed	d Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing	<u>;</u> .		
Please return	n all correspondence concerning this	matter to the	following:			
David Gul	bb					
	Name of Person			· -		
Fusion Fit	: & Medical LLC			. i		
	Firm/Company		-	n + b		
9224 McD	Daniel Lane					
	Address			-		
Sarasota	FL 34240					
	City/State and Zip Code					
dgubb@fu	usionfitmed.com					
E-mail	address: (to be used for future annua	il report notif	ication)			
For further i	nformation concerning this matter, pl	lease call:				
David Gut	ob	201	376-7521			
	Name of Person	, (Area Code & Daytime Tele	phone Number		
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	closed is a check for the following a	mount:				
☑ \$	25 Filing Fee	□ \$5	55 Filing Fee & Certified Cop	y		
INHS18 (2/14	4)					

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. N	ame of the limited liability company: Fusion Fit & N	Medical LLC	
2. (a)	9224 McDaniel Lane, Sarasota FL. 34240	(b) 922	24 McDaniel Lane, Sarasota FL. 34240
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	August 30, 2018 Date of filing/registration in Florida	L180	000207998 Document number
5. (a	United States Corporation Agents, INC.	**	Document named
	Registered Agent and Registered Office shown on the records of the 13302 Winding Oak Court Registered Office Address (MUST BE FLORIDA STREET A A		of State:
	Tampa	33612	
(b)	Enter name of NEW Registered Agent and/or NEW Registered 9224 McDaniel Lane, Sarasota FL. 34240		
	NEW Registered Office Address:		
	9224 McDaniel Lane		<u></u>
	Sarasota . FL	34240	
the ch agent was/w the ar	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete digations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performance o	of my duties, and I am familiar with and accept
Signat	ure of Registered Agent		