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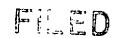
Registration Section Division of Corporations

CHASE

SUBJECT: ABU	KHDEIR FA	MILY FITN	IESS OF WEST
30 D3 DC 1.		Name of Limited Liabilit	
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	ire submitted for filing.	
Please return all corresp	ondence concerning this n	matter to the following:	
МОНАММ	ED ABUKH	DEIR	
	Name of Person		
	Firm/Company		
10711 CAF	PE HATTER	RAS DR	
	Address		
TAMPA, F	L 33615		
	City/State and Zip Code		
МОНАММ	EDABUKH	DEIR1@G	MAIL. com
	be used for future annual		
For further information	concerning this matter, plo	ease call:	
МОНАММ	ED ABUKH	DE813 \	8956361
Name	ED ABUKH	RETK Area Code	Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	Re Di P.c	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314
Enclosed is a check for	the following amount:		
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FOR



Pursuan FIRST:	: The nam	on 605,0209, F.S., this doct e of the limited liability co VESTCHASE LI	mpany is: ABUKH _C	DEIR FAMILY	FITNESS OF	M 12: 17 2 STATE 26: FL	
SECON THIRD	<u>ND:</u> <u>D</u> :	The Florida Document num	nber of the limited liab	lity company is: L180	00291895	- -	
×	Contains statement	an incorrect statement. The are as follows: ECTIVE DATE 1 S EFFECTIVE [he incorrect statement,	the reason the statement is		ed - -	
	OR Was defe as follow	ectively signed. The mann	er in which the docume	ent was defectively signed	and the appropriate correc	tion are	
	_	tronic transmission of the r			0,100,100	-	
	1	Signature of Authorized	Representative		2/26/20	19	
Signatur	re of new	registered agent, if application).	-	ing the registered agent, th		ıst sign	
I hereby provisio obligati	y accept to ons of all , ions of my a change .	Agent's Signature, if chang he appointment as register of statutes relative to the property openition as registered age in the registered office add	ed agent and agree to a per and complete perfor nt as provided for in C	mance of my duties, and I hapter 605, F.S. Or, if this	am familiar with and accordocument is being filed to	ept the merely	
Registered Agent's Signature							
		C	Filing Fee:	\$25.00 \$30.00 (antional)			