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(a) (b) (c)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 March 28, 2022 Date: **David Shulman** Name: 1593354 Reference #:\_\_\_\_ SUNSHINE FITNESS CRYSTAL RIVER, LLC Entity Name: Articles of Incorporation/Authorization to Transact Business ] Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Authorized Amount: \$25.00 David Shulman Signature:

## 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. Na	Name of the limited liability company: SUNSHINE FITNESS CRYSTAL RIVER, LLC			
2, (a)		(b)		
_ (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(``	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	4 Liberty Lane West		4 Liberty Lane West	
	Hampton, N.H. 03842		Hampton, N.H. 03842	
	1/23/2019		L19000019169	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	McGuiness, Shane			
υ. (α)	McGuiness, Shane Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)		
	1560 N. Orange Ave, Suite 300			
	Winter Park FL	2270	2072 H.C.	
(b)	COGENCY GLOBAL INC.		#: ₽> .	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u> </u>	
	44E North Colleges Charles College		· · · · · · · · · · · · · · · · · · ·	
	115 North Calhoun Street, Suit  NEW Registered Office Address:	te 4	<del></del> -	
	Tallahassee, FL	3230	)1	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registere ability compa If the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	/s/ Justin Vartanian		Justin Vartanian	
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc	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 provided lety reflect a change in the registered office address. It I in writing of this change.	ec to act in to performance I for in Chap icreby confir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	/s/ Michael Carlisle			

Michael Carlisle, Assistant Secretary

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

Signature of Registered Agent