1900002136

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer.		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer.	(Requestor's Nan	ne)
(City/State/Zip/Phone #)	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer.	(Address)	
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Certified Copies Certificates of Status Special Instructions to Filing Officer.	(Business Entity I	Name)
Special Instructions to Filing Officer.	(Document Numb	per)
	Certified Copies Certifica	ates of Status
	Special Instructions to Filing Officer.	





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date:	March 28, 2022		Account#: I2000000088
Name:	David Shulmar	<u> </u>	
Reference	#:15933	54	
Entity Nan	ne:SUN	SHINE FITNESS SPINDA	
Articles	of Incorporation/Au	uthorization to Transact Busine	255
Amend	ment		
Change	e of Agent		ISSUES? CALL
🗌 Reinsta	atement		David:
Conver	sion		850-270-0082
🗌 Merger			
🗌 Dissolu	tion/Withdrawal		
Fictitiou	is Name		
Other _			
Authorized	d 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.

Na			
a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	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
	1/25/2019		L19000021736
	Date of filing/registration in Florida	4.	Document number
(a)	McGuiness, Shane		
	Registered Agent and Registered Office shown on the records of a	he Florida D	Am of States
	-		cp. of state.
			S
	Registered Office Address (MUST BE FLORIDA STREET -		
		DDRESS)	
	Registered Office Address (MUST BE FLORIDA STREET -	i <u>ddress</u> 10	
(b)	Registered Office Address <u>(MUST BE FLORIDA STREET -</u> 1560 N. Orange Ave, Suite 30 Winter Park , FL	i <u>ddress</u> 10	
(Ե)	Registered Office Address <u>(MUST BE FLORIDA STREET -</u> 1560 N. Orange Ave, Suite 30	<u>DDRESS)</u>)0 327	789
(b)	Registered Office Address (MUST BE FLORIDA STREET.) 1560 N. Orange Ave, Suite 30 Winter Park FL COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	DDRESS))0 327 Office addre	789
(b)	Registered Office Address <u>(MUST BE FLORIDA STREET -</u> 1560 N. Orange Ave, Suite 30 Winter Park , FL COGENCY GLOBAL INC.	DDRESS))0 327 Office addre	789
(b)	Registered Office Address (MUST BE FLORIDA STREET.) 1560 N. Orange Ave, Suite 30 Winter Park FL COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun Street, Suite	DDRESS))0 327 Office addre	789

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.

/s/ Justin Vartanian

Justin Vartanian

Signature of a member or authorized representative of a member

Printed or typed name of signce

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.

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary

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