L19000156127

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Only State Lips: Hone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800384148038

FORCE ALL ALL ALL AND SEEL FUE

SECTIVED

O SIMMONS MAR 3 0 2022



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

Date: March 2	28, 2022	Account#: I20000000088
Name: David S	Shulman	
Reference #:	1593354	
Entity Name:	SUNSHINE	FITNESS LAKE WALES, LLC
		zation to Transact Business
Amendment		
✓ Change of Agent		ICCUTE 2 CALL
Reinstatement		ISSUES? CALL David :
Conversion		850-270-0082
Merger		
Dissolution/Witho	drawal	
Fictitious Name		
Other		
Authorized Amount:	\$25.0	0
Signature:	David Shulman	

-1.212.947.7200

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.

Name of the limited liability company:			SUNSHINE FITNESS LAKE WALES, LLC		
2. (a)			(b)		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>/:</u>		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)	
	4 Liberty Lane West			4 Liberty Lane West	
	Hampton, N.H. 03842			Hampton, N.H. 03842	
	6/21/2019			L19000156127	
3.	Date of filing/registration in Florida	4		Document number	
5. (a)	McGuiness, Shane				
	Registered Agent and Registered Office shown on the record	ds of the FI	orida Dept, of State	- **	
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDI	(ESS)	-	
	1560 N. Orange Ave, Suit	te 300		. ~?	
	Winter Park	, FL	32789	2022 H.A.	
(b)	COGENCY GLOBAL IN	NC.		AA 29	
	Enter name of NEW Registered Agent and/or NEW Regist				
	115 North Calhoun Street,	Suite 4		}	
	NEW Registered Office Address:	- -		့် ထိ	
	Tallahassee	<u>,</u> FL	32301		
the cha agent w was/we the arti	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberles of organization or the operating agreement of	ss of the r ed liabilit ers of the	egistered office y company, it is limited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
/s/ Justin Vartanian				Justin Vartanian	
Signature of a member or authorized representative of a member		Lamen	and in this area	Printed or typed name of signee	
provisie the obli to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provive reflect a change in the registered office addres. If in writing of this change,	i agree to dete perfa vided for s, I hereb	act in this cape ormance of my e in Chapter 605 y confirm that i	iciv. I further agree to comply with the lutics, and I am familiar with and accept .F.S. Or, if this document is being filed the limited liability company has been	

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary