1200000 28993

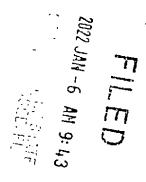
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Openial manuacions to 1 ming Officer.
`

Office Use Only



500378916325

01/09/22--01015--011 **25.00



C. BRUMBLEY
JAN 27 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GYM. FIT PHYSICAL THE Name of Limited Liability	ISCUPY LLC.	
Name of Limited Liability	Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this matter to the following	g;	
ERIC A. SWANSS.		
Name of Person		
GYM. C.T PHYSICIL THORAPT		
Firm/Company		
120 VERBENIA DR. Address		
Address		
SHOWITE BETTON IL 32937		
City/State and Zip Code		
MPTSWADO YAHOO.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ERIC A. SWASOD at (321)	146.4288	
	Code & Daytime Telephone Number	
Mailing Address: Stre	et Address:	
_	stration Section	
1	sion of Corporations	
	Centre of Tallahassee	
	5 N. Monroe Street, Suite 810	
T AII A	ahassee, FL 32303	
Enclosed is a check for the following amount:		
♥ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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: 677-75	PH4511	CAL THURAP-	1 LLC
		(b) <u> </u>	O VELISE → A Mailing address of limited lia (Note: MAY BE POST Of	DQ_ bility company:
	SATELLITE BEXCH CL 30937	SATE	LITE BEXC	4 TL 3295
3.	O 1 129 12020 Date of filing/registration in Florida 4.		NOOO Q 8 9 C	13
5. (a)	Registered Agent and Registered Office shown on the records of the Florida TOOL ALE ST. S.T. S.O.O. Registered Office Address MUST BE FLORIDA STREET ADDRESS		:	
(b)	ST. PETERS BORG FL 30 EPIC A. SWADSO, D Finter name of NEW Registered Agent and/or NEW Registered Office a			F1L 2022 JAN -6
	NEW Registered Office Address:		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E D
	SATELLINE BEACH, FL 30	2937		
change agent w was/we the arti	limited liability company is not organized under the laws of the e or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability of the authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited	red office and ompany, it is in its limited liability	the business office of the hereby confirmed that the company or as otherwise.	he registered the change(s)
Signat	ature of a member or authorized representative of a member		A SWAS Printed or typed name of sig	nee
provisie the obli to mere	by accept the appointment as registered agent and agree to accions of all statutes relative to the proper and complete perform ligations of my position as registered agent as provided for invelvential achange in the registered office address, I hereby call in writing of this change.	t in this capac lance of my di Chapter 605, confirm that th	city. I further agree to uties, and I am familiar F.S. Or, if this docume ne limited liability comp	comply with the with and accept ent is being filed xany has been

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

Signature of Registered Agent