

# L20 000 108571

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

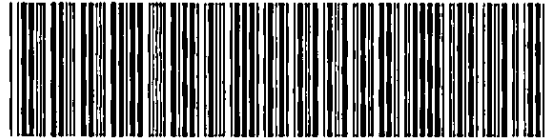
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2020

GINGER CLARK  
6390 BENNETT CT  
ST. CLOUD, FL 34771

SUBJECT: PERSONAL TRAINING DONE RIGHT LLC  
Ref. Number: L20000108571

We have received your document for PERSONAL TRAINING DONE RIGHT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 520A00016879

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Personal Training Done Right LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ginger Clark  
Name of Person

Personal Training Done Right LLC  
Firm/Company

6390 Bennett Court  
Address

St. Cloud, FL 34771  
City/State and Zip Code

Gingerclark52@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ginger Clark at (407) 443-6280  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Already Paid ✓

**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. Name of the limited liability company: Personal Training Done Right LLC

2. (a) 6390 Bennett Court

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**)

April 21, 2020

L20000108571

3. Date of filing/registration in Florida

4.

Document number

5. (a) Theodore Chase

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6390 Bennett Court

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Saint Cloud, FL 34771

(b) Ginger Clark

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6390 Bennett Court

**NEW** Registered Office Address:

Saint Cloud, FL

34771

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Theodore Chase

Signature of a member or authorized representative of a member

Theodore Chase

Printed or typed name of signer

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.

Ginger Clark

Signature of Registered Agent