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SET REPORT

COVER LETTER

TO: Registration Section Division of Corporations	•						
SUBJECT: Drutted Athlet Name of Limited Liab	oility 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:							
Alyssa McCauley Name of Person Firm/Company	_						
1101 Brickell Au South Tower	Floors						
Man: FL 393131							
City/State and Zip Code Alussa O the Acusty team C E-mail-address: (to be used for future annual report notification)	ation)						
For further information concerning this matter, please call:							
Name of Person at (G14)	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						

INHS18 (2/14)

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	me of the limited liability company:		thlete	LLC		
2. (a)	Principal office address of limited liability company:	(b)	L(01 Mailir	Bricke	[] Auc ited liability compan	ıy:
	South TOWER HOUR 8	_	South 7		PLOOP 8	
	Miani pl 33131	_	Minni	Fl 3	33131	
	C/22/20		L200	017	4036	
3.	Date of filing/registration in Florida 4	.	Doc	ument numbe	г	
5. (a)	Registered Agent and Registered Office shown on the records of the F	lorida D	ent of State:			
	1101 Brickell the	ionida D	ори от отпо-			
	Registered Office Address (MUST BE FLORIDA STREET ADDI	RESS)			2	
	South Tower Floor 8				021 9	•
	MIANI,FL_	33	131		2021 SEP -7	
(b)	Alussa McGulen				-7 PM	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office	ice addr	<u>ess</u> :		Ω	سعت. محتویا
	1101 Brichell Ave				9	
	NEW Registered Office Address: South tower Floor	8				
	30th 10mer 1- Cook	<u>a</u>				
	MAMI, FL	331	7			
change agent w was/we	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regin will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the eles of organization or the operating agreement of the limi	istered ty com e limite ited lia	office and the pany, it is here ed liability cor bility company	business officeby confirmed high pany or as o	ce of the register d that the change therwise provide	ed (s)
10	Un MCUS	171	11550 / Prin	1 C.C.IU	ley	
I herel provision the oblition mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfigations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change. Med Registered Ngen	o act is	this canacity	I further no	ree to comply wi	th the accept g filed een

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

FILING FEE: \$25.00