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H020004132**863.45**C

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE BYLT ATHLETICS LLC

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## 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	ame of the limited liability company: BYLT ATHLET	TCS LLC				
2. (a)		(	b)			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Marling address of limited hability company ( <u>Note</u> , <u>MAVBE POST OFFICE BOX</u> )			
	3301 NE 1ST AVE M704		3301 NE 1	IST AVE M704		
	MIAMI, FL 33137	<del></del>	MIAMI, FL 33137			
	03/08/2021		L21000110	815		
3.	Date of filing/registration in Florida	<del>-</del>		Document number		
5. (a)						
). (a)	Registered Agent and Registered Office shown on the records of JOEY FIRESTONE	the Flori	la Dept of Stat	<u> </u>		
	Registered Office Address	8 - 33				
	3301 NE 1ST AVE M704	8 - 8				
	MIAMI	33137 L		FILED  DEC -8 PMI2: 14  FAHASSEE, FL		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress			
	LEGALING CORPORATE SERVICES INC.		<u> </u>	_		
	NEW Registered Office Address					
	476 Riverside Ave			_		
	Jacksonville	32202		_		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members deless of organization or the operating agreement of the ture of a member of authorized representative of a member	register ability e of the lir limited	ed office an ompany, it is nited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
l herei provisi the obl to mere	by accept the appointment as registered agent and agens on a fill statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I dim writing of this change.	ree to ac perforn d for m hereby c	t in this cape nance of my Chapter 605 onfirm that	acity. I further agree to comply with the		
Signatu	re of Registered Agent					

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