

L21000123642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

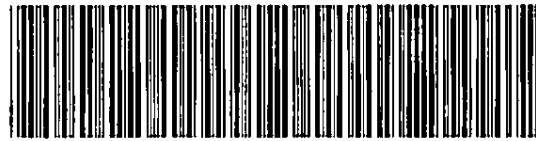
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 16 AM 11:50
CLERK OF STATE
TALLAHASSEE, FL

192



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2321 AUG 16 PM 1:11

July 23, 2021

ARIANNA CARRINGTON-HOOKER
1678 E SILVER STAR RD
OCOOEE, FL 34761

SUBJECT: B&G SKY FITNESS LLC
Ref. Number: L21000123692

We have received your document for B&G SKY FITNESS LLC and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Has the company for the registered agent entity name filed an amendment to change the name.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 521A00017172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B&G SKY FITNESS LLCVVVV

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:

ARIANNA CARRINGTON-HOOKER

Name of Person

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

Firm/Company

1678 E SILVER STAR RD

Address

OCOE FL 34761

City/State and Zip Code

INFO@ITSCFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER

407

499-2967

at (_____) _____

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

**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: B&G SKY FITNESS LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

519 HEATHERCREEK CT

OVIEDO, FL 32765

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

519 HEATHERCREEK CT

OVIEDO, FL 32765

03/04/2021

L21000123692

3. Date of filing/registration in Florida 4. Document number

5. (a) INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1616 ISON LANE

OCOE, FL 34761

(b) INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

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

NEW Registered Office Address:

1678 E SILVER STAR RD

OCOE, FL 34761

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.

[Signature]
Signature of a member or authorized representative of a member

LISA BRODSKY, AMBR

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2021 AUG 16 AM 11:50
SEC. OF STATE
TALLAHASSEE, FL