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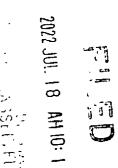
(Re	questor's Name)	<u></u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

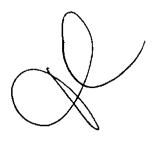
Office Use Only



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COVER LETTER

_	ion Section of Corporations				
SUBJECT: ABI	BOTT FITNESS GROUP	LLC			
	Nar	ne of Limited I	iability Company		
Dear Sir or Mada	m:				
The enclosed Reg	nistered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return all o	correspondence concerning th	is matter to the	following:		
Melissa Jones					
	Name of Person		_		
ZenBusiness Inc.					
	Firm/Company			2022 .	
336 E. College Av	e. Suite 301			2022 JUL 18 AM 10: 11	-
	Address		. 	8 2	, ,, , ;
Tallahassee, FL 32	301			T. 0.	C
	City/State and Zip Code				
ra@zenbusiness.co	om				
E-mail addr	ess: (to be used for future ann	ual report noti:	fication)		
For further inform	nation concerning this matter,	, please call:			
Melissa Jone	s	844 at (493-6249		
N	lame of Person		Area Code & Daytime Teleph	ione Number	
	Address:		Street Address:		
	tion Section		Registration Section		
	of Corporations		Division of Corporations		
P.O. Box			The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303				ate 810	
Enclosed	is a check for the following	amount:			
□ \$25 Fi	_		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. Name of the limited	liability company: ABBOTT	FITN	ESS G	ROUP	LLC		
_{2. (a)} 1111 ne 10	, , ,	0	_(b) 1111 ne 16th ave				
Principal offi	ce address of limited liability company: MUST BE STREET ADDRESS)	('	,	Mailing address (Note: MAY	s of limite	d liabilit	
fort laude	rdale, FL 33304		fort la	uderdal	e, FL	_ 333	304
							
06/03/202	1		L21000	025844	3		
	iling/registration in Florida	4.		Document n	umber		
5. (a) Registered Agents	Inc.			_			
•	Registered Office shown on the records of	the Florida	Dept. of State	Ľ		2	
7901 4th St N				_		2022 JUL	
Registered Office Ac	idress (MUST BE FLORIDA STREET	ADDRES!	<u>si</u>		: -		
STE 300				_	+	-8	
St. Petersburg	, FI	33702		_	1 1 1 1 1		ूं मि <u>त्</u> री
Zen Business Inc						AM 10: 11	O
Enter name of NEW	Registered Agent and/or NEW Registered	Office ad	dress:	_			
336 E. College Av	<i>r</i> e.						
NEW Registered Of	lice Address:			-			
Suite 301				-			
Tallahassee	, FI	32301		_			
change or changes are magent will be identical. O was/were authorized by a the articles of organization	npany is not organized under the lar ade, the Florida street address of the Or, in the case of a Florida limited li an affirmative vote of the members of on or the operating agreement of the	registere ability co of the lim limited l	ed office and impany, it is uited liability iability com	I the busines hereby con company o pany.	s office firmed th	of the i	registered change(s)
/s/ Christmas Abbo		<u>C</u> h	ristmas			F :	
_	thorized representative of a member			Printed or typ		_	, , , ,
I hereby accept the appoprovisions of all statites the obligations of my posto merely reflect a chang notified in writing of this	nintment as registered agent and agreelative to the proper and complete ition as registered agent as provide e in the registered office address, I change.	ree to act perform d for in C hereby co	in this capa ance of my a Chapter 605, onfirm that t	icity. I furth huties, and I , F.S. Or, if he limited li	er agree am fami this doc ability c	e to con iliar wit cument i compan	nply with the the and accept is being filed whas been

Signature of Registered Agent