

L21000 271330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

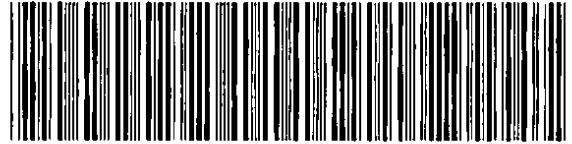
(Document Number)

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AUG 28 2023

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FILED  
23 AUG 11 PM 4:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fitmeash  
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:

Name of Person

Sunshine Corporate filings LLC

Firm/Company

Registered Agents Inc 7901 4th St N STE 300, St. Petersburg, FL 33702

Address

St. Petersburg, FL 33702, USA

City/State and Zip Code

info@fitmeash.com

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

For further information concerning this matter, please call:

Ashley Jones

at ( 904 )

563-2182

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: Fitmeash
2. (a) 1200 Riverplace Blvd Ste. 105 Jacksonville Florida 32207  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**
- (b) 1200 Riverplace Blvd Ste. 105 Jacksonville Florida 322  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**
3. 06/08/2021 Date of filing/registration in Florida
4. L21000271330 Document number
5. (a) Ashley Jones  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13475 Atlantic Blvd Unit 8-M704 JACKSONVILLE, FL 32225  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
- (b) Sunshine corporate filings LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
7901 4th St N STE 300, St. Petersburg, FL 33702, US  
**NEW** Registered Office Address:

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23 AUG 11 PM 3:57  
TALLAHASSEE, FL ORCA

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.

Ashley R. Jones  
Signature of a member or authorized representative of a member

Ashley R. Jones  
Printed or typed name of signee

*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