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COVER LETTER

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Enclosed is a check for the following amount:		egistration Section ivision of Corporations		
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Akela Collins Name of Person Empirica Fitness LLC Firm/Company 4118 NE 17th Terrace Address Gainesville FL 32609 City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins Name of Person Area Code & Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	SUBJEC [*]	Empirica Fitness LLC		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Akela Collins Name of Person Empirica Fitness LLC Firm/Company 4118 NE 17th Terrace Address Gainesville FL 32609 City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins 904 at () Name of Person Area Code & Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Facility Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32303			ne of Limited	Liability Company
Please return all correspondence concerning this matter to the following: Akela Collins Name of Person Empirica Fitness LLC Firm/Company 4118 NE 17th Terrace Address Gainesville FL 32609 City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Fnclosed is a check for the following amount: Processing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Fnclosed is a check for the following amount:	Dear Sir o	т Madam:		
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Address Gainesville FL 32609 City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins 904 806-2859 Name of Person Area Code & Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Empirica F	itness LLC		
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City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins 904 806-2859 1 Name of Person Area Code & Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: The Centre of Tallahassee, FL 32303 Enclosed is a check for the following amount:	4118 NE 17	7th Terrace		
City/State and Zip Code akela.m.collins@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akela Collins Akela Collins Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: City/State and Zip Code 806-2859 Area Code & Daytime Telephone Nu 806-2859 Area Code & Daytime Te		Address		
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© ***	Re Div P.C	gistration Section vision of Corporations D. Box 6327		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
© ***	En	closed is a check for the following	amount:	
— \$55 rining rec & Certified Copy		\$25 Filing Fee		55 Filing Fee & Certified Copy

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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.

(a)	4118 NE 17th Terrace Gainesville FL 32609	(b) 4118	8 NE 17th Terrace Gainesville FL 32609
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	10/19/2021		00454396
	Date of filing/registration in Florida	4.	Document number
(a.)	ZENBUSINESS INC		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	ZenBusiness Inc		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	336 E. College Ave. Suite 301		
	Tallahassee , FI	32301	
(b)	Akela Collins		2022 OCT SECRET TALL!
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	24
	Akela Collins		
	NEW Registered Office Address:		
	4118 NE 17th Terrace		
	Gainesville , FI		
_			
ige it v /we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi ability compan of the limited li	ice and the business office of the registere y, it is hereby confirmed that the change(siability company or as otherwise provided y company.
	ture of a member or authorized representative of a member		Printed or typed name of signee

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

notified in writing of this change.

Signature of Registered Agent

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