# L22000019048

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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### **CT CORP**

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

02/06/2025

D	ate: 02/06/2025		an: DW
		Acc#I20160000072	4: ( ) = (,
Name:	LIMIT UP, L	LC	
Document #:			
Order #:	16129192		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

#### COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	ECT:					
301331	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for tiling.				
Please	return all correspondence concerning thi	s matter to the following:				
Cynthia	a M. Duntz					
	Name of Person	<del></del>				
Hollan	d & Knight LLP					
	Firm/Company	<del></del>				
150 N.	Riverside Plaza, Ste. 2700					
	Address	<del></del>				
Chicag	go, 11. 60606					
	City/State and Zip Code	<del></del>				
=	a.duntz@hklaw.com					
1	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter.	please call:				
Cynthi	a M. Duntz	at ()				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS1	8 (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. N	lame of the limited liability company: LIMIT UP, LLC		
2. (a)			Mailing address of limited liability company:
μ. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	73 CANNON ROYAL DRIVE	73 CA	NNON ROYAL DRIVE
	KEY WEST, FL 33040	KEY	WEST, FL 33040
	01/18/2022	L22000	019048
3.	Date of filing/registration in Florida	4.	Document number
5. (a	JOSEPH P. GLACKIN		
J. (c	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	E A TI
	2907 BAY TO BAY BOULEVARD, SUITE 201		B-6
	TAMPA	33629	
(h	C T Corporation System		AMII: 1-1
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	DA -
	NEW Registered Office Address:		
	1200 South Pine Island Road		<del></del>
	Plantation FI	L <u>33324</u>	
the cagen was/ the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	in the registered liability company of the limited li	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
ب مانخر عانخر	nature of a member or authorized representative of a member	<u></u>	Printed or typed name of signee
I he prov the o	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and completional points of my position as registered agent as provide erely reflect a change in the registered office address, lifed in writing of this change.  CT Corporation System	e performance of led for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
	ature of Registered Agent		