Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

으作mail Address:\_\_\_

## LLC REGISTERED AGENT CHANGE RKP FITNESS L.L.C.

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12/27/2023 09:43:03 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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.

L Na	ame of the limited liability company:  RKP Fitness L.L.C	•			
2. (a)		(b)			
, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mi	niling address of limite (Note: MAY BE POS	ed liability company:
	04/22/22	 La	2000194009		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of t	he Florida D	lept, of State:		1-2
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			•
	476 RIVERSIDE AVE.				2
	JACKSONVILLE FL	32202			•
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		<u></u> :		  
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300	····			
	St. Petersburg , FL	33702			
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	s of the S the registe bility com f the limit	red office a pany, it is l ed liability	and the business onereby confirmed company or as other than the company of the company o	ffice of the registered that the change(s)
Ĭ,	din pay	Robin			
_	iture of a member of authorized representative of a member			Printed or typed name	•
provis the ob- to mer notif <u>ic</u>	hy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. It is discounting of this change.	nerforman I for in Ch nereby con	i this capac see of my di apter 605, firm that th	ity. I further agre tiles, and I am Jan F.S. Or, if this do e limited liability	re to comply with the niliar with and accept cument is being filed company has been
	David Roberts - Assistant Se	cretary			