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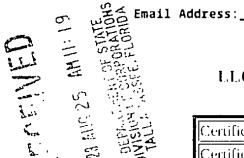
: (850)617-6383

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.



LLC REGISTERED AGENT CHANGE CLUBFEMFIT LLC

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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.

l. Na	me of the limited liability company:		
2. (a)		_ (b	b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: M-(YBE POST OFFICE BOX)
	7901 4th St N STE 300	_	7901 4th St N STE 300
	St. Petersburg FL 33702		St. Petersburg FL 33702
	07/18/2022		L22000316654
3.	Date of filing/registration in Florida	₹.	Document number
5. (a)	BLIZZARD, MATTHEW I		
	Registered Agent and Registered Office shown on the records of the		
	Registered Office Address (MUST BE FLORIDA STREET A. 7720 MANSTON DR	DDRESS.	***
	COLORADO SPRINGS .FL	30920	&
(h)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered C</u>	Office add	ddress:
	7901 4th St N		
	NEW Registered Office Address:		, –
	STE 300		
	St. Petersburg	33702	
the cha agent v was/we th <mark>¢∧</mark> rti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regis bility co the lim imited I	distered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Signal	ane of a member or furtherized reprysentative of a member		Printed or typed name of signee
Therel provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he Fin writing of this change.	verforme 'för in C erchy ce	nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed contirm that the limited liability company has been