## 622-000348465

(Requestor's Name)
(Address)
(Address)
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(Document Number)
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09/13/24--01017--025 \*\*35.00



## COVER LETTER

TO: Registration Section Division of Corporations

nal Training nnrechini SUBJECT: 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:

eanna Stel Firm/Company 51 Y A ate and Zip Code am E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brean

Name of Person

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Arca Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2024

BREANNA STEBBINS PROGRESSION PERSONAL TRAINING LLC 2700 CHEVAL STREET APT 107 ORLANDO, FL 32828

SUBJECT: PROGRESSION PERSONAL TRAINING LLC Ref. Number: L22000348465

We have received your document for PROGRESSION PERSONAL TRAINING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

Letter Number: 124A00021099



## 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.

I. Na	ame of the limited liability company:
2. (a)	2700 Cheval Street (b) 2700 Cheval Street
2. (u)	Principal office address of limited liability company: Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> ) ( <u>Note: MAY BE POST OFFICE BOX</u> )
	Aprilipt April 10 F
	Orlandu, H 32828 Orlandu, H 32926
	08/08/2022 L220003484-65
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	476 Riverside Ave
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Jacksonville
	Jacksonville FL_32202
(b)	Gobrel Richardo
(0)	Lodyie Kichordo Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	Jacksonville 
	NEW Registered Office Address:
	Orlando
	216211
	, FL, FL_
change agent v was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signal	Printed or typed name of signee
I herei provisi the obl to mero notifieo	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed elypeffect a changeful the registered office address, I hereby confirm that the limited liability company has been I of writing of this hange.

Signature of Registered Agent

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