To: 18506176383 Page: 1/2

## Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002341993)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To.

Division of Corporations

(850)617-6383 Fax Number

FIOR:

Account Name : REGISTERED AGENTS INC.

Account Number : 12889000081 Phone : (307)200-2803 : (813)436-5266

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE ABSOLUTELY BALANCED, LLC

Centilicate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

JUL 1 1 2024

K. Brumble)

Fax: 8134365206

7/10/2024 08:23:05 PDT To. 18506176383 Page: 2/2 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

L N	ame of the limited liability company.  ABSOLUTELY E	BALANCED, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/06/23		00056400
3.	Date of filing/registration in Florida	4.	Document number
٥.	- ~	4.	Document number
5. (a)	***************************************		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State.
	17049 PINE LILY LANE		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	PUNTA GORDA	L_33982	
(b)	Registered Agents Inc		AP  FEGNET: SEGNET: SALL MIS
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	7901 4th St N		ART C
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL	
the cha agent ' was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compan s of the limited li ne limited liabilit	office and the business office of the registere by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.
S	Resilies and Jacobs () ture of a member or authorized representative of a member	Robin Jone	Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, of in writing of this change.	gree to act in thi we performance of led for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept for 605, F.S. Or, if this document is being filed that the limited liability company has been

David Roberts - Assistant Secretary

Signature of Registered Agent