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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 : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE FIT WITH MITCH LLC

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FEIT EMIEUX JUN - 1 2023

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	une of the limited liability company: Fit with Mitch LLo		 	<u> </u>	
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of lim (Note: MAY BE PC	ited liability company: OST OFFICE BOX)
	02/24/2023	L	2300009929	3	
3.	Date of filing/registration in Florida	4.	i i	Document numbe	ır
5. (a)	Business Filings Incorporated				
-	Registered Agent and Registered Office shown on the records of	f the Florida E	Dept. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
				no -	
	Plantation . F	L_ ³³³²⁴		`_	18 . A 8202
	Registered Agents Inc				•
(b) ₋	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	.acc.		<u>ω</u>
	Eliter dame of NEW Registered Agent author NEW Registere	u once audi	<u>cas</u> .		PH
	7901 4th St N				
	NEW Registered Office Address:				- 6
	STE 300			•	-
	St. Petersburg	33702			
			2		
	mited liability company is not organized under the la nge or changes are made, the Florida street address o				
igent v	rill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members	iability con	ipany, it is	hereby confirmed	i that the change(s)
he arti	cles of organization or the operating agreement of the				anerwise provided in
	Relative pency ure of a member or authorized representative of a member	Robin			
Signat	ure of a member or authorized representative of a member			Printed or typed nam	e of signee
provisi he obli o mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I in writing of this change.	e performar ed for in Ch hereby con	n this capac ace of my di apter 605, afirm that th	city. I further ag uties, and I am fa F.S. Or, if this d te limited liabilit	ree to comply with the miliar with and accep ocument is being filed y company has been
لے ۔	David Roberts - Assistant S	Secretary			