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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

To: 18506176383

Phone : (307)200-2803

Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE **ODH FITNESS LLC**

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

M. SOLOMON OCT 3 1 2024

10/30/2024 05:40:38 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	DDH FITNESS	ԼԼԸ		<del></del> .				
2. (:	a ì	7901 4th St N STE 300	(b) 7901 4th St N STE 300							
(		Principal office address of limited liabi (Note: MUST BE STREET AD			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		St. Petersburg FL 33702		<del></del>	St. Petersb	ourg FL 33702				
			,							
		06/19/2024		,	240002790	no 2				
3.		Date of filing/registration in F	lorida	4.	.240002789	Document number				
5. (	(a)	HOLNESS, OMAR								
		Registered Agent and Registered Office shown								
		7620 N BLUE SPRING DR				€ 4 4774	202			
		Registered Office Address (MUST BE FLO	* - 발.	<u>.</u>	e april					
							2024 OCT 30	eri maare V		
		PARKLAND		L 33067			_			
						ري دي ري الآيا ري الآيا		5		
(	b)	Registered Agents Inc				. 고 고 고	=			
•		Enter name of <u>NEW Registered Agent</u> and/or	NEW Register	ed Office add	ress:		01			
		7901 4th St N				-				
		NEW Registered Office Address:								
		STE 300	•••			-				
		St. Datershura	1	:: 33702						
		St. Petersburg	, r	1. 33762		-				
the o	cha it w /we	mited liability company is not organize nge or changes are made, the Florida st will be identical. Or, in the case of a Florical of a strength or cauthorized by an affirmative vote of cles of organization or the operating ag	reet address or ida limited the members	of the regist liability cor s of the limi	ered office npany, it is ted liability	e and the business office of the series of the total the series of the s	of the r he chan	egistered ge(s)		
	į	Edin Same		Robin	Jones					
Si	gnat	ule of a member of authorized representative of	'a member	110011	1 201163	Printed or typed name of sign	ice			
prov the e to m	risi obl tere	oy accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered as Iv reflect a change in the registered of I in writing of this change.	l agent and a r and compley gent as provid lice address,	gree to act i te performa led for in C I herchy co	in this cape nce of my ( hapter 605 nfirm that	acity. I further agree to a duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply with ar nt is be any ha.	with the id accept ing filed s been		
Da	vid i	David Roberts	- Assistant	Secretary						
Sign	iatu	Dol Registered Agent	<del>-</del>							