To:

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(((H24000317143 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

: (323)389-0502 Fax Number

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LLC REGISTERED AGENT CHANGE ELITE TRAINER DEPOT LLC

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LegalZoom.com, Inc.

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: ELITE TRAINER DEF	POT LLC					
Nan	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and fec(s) are submitted for filing.					
Please return all correspondence concerning this	is matter to the following:					
Mike Town						
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
9900 Spectrum Dr						
Address						
Austin, TX 78717						
City/State and Zip Code						
justins@elitetrainerdepot.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Mike Town	800 773-0888 ext 9724					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following	Enclosed is a check for the following amount:					
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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To: ,

11:22:07 a.m. 08-09-2024

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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. CUTE TO AIRIED DEDOT LLO

	me of the limited liability company;		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: \$1.4Y BE POST OFFICE BOX)
	2161 SW 87TH	21	161 SW 87TH
	MIAMI, FL 33165	<u>M</u>	IAMI, FL 33165
	06/28/2024	L24	4000293680
	Date of filing/registration in Florida	4,	Document number
(a)			
(-,	Registered Agent and Registered Office shown on the record SANCHEZ, JUSTIN	Is of the Florida Dep	ot of State:
	Registered Office Address (MUST BE FLORIDA STRE 2161 SW 87TH CT	2024	
	MIAMI		
	Enter name of NEW Registered Agent and/or NEW Registered Agent and NEW Registered Agent	TALL MANAGEMENT OF THE PARTY OF	
	NEW Registered Office Address:	<u>·</u>	
	476 Riverside Ave.		
	Jacksonville	, FL_32202	
hai t w ive rtic	mited liability company is not organized under the nige or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the memberles of organization or the operating agreement of	e laws of the States of the registere of liability comparers of the limited the limited liabi	any, it is hereby confirmed that the change(s) (Hability company or as otherwise provided in lity company. Sanchez
hai t w ive rtie	mited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite	e laws of the States of the registered liability compares of the limited the limited Justin	In other than the business office of the registere anny, it is hereby confirmed that the change(s) hisbility company or as otherwise provided in lity company. Sanchez