124000336198

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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2024 DEC -1, PH 12: 12

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 1200000019	95
	REFERENCE	: 806756	8431616
	AUTHORIZATION	Charles of	
	COST LIMIT	: \$/25,0	TO SESSION
ORDER DATE :	December 3, 2024		
ORDER TIME :	9:18 AM		
ORDER NO. :	806756-002		
CUSTOMER NO:	8431616		

CHANGE OF AGENT

	NAME:		FITNESS	QUES	T E	BOCA	GRAN	IDE	MSO,		
PLEASE	RETURN	THE	FOLLOW	ING A	S P	ROOF	OF	FIL	ING:		

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: ____

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: FITNESS QUE	ST BOC	A GRANDI	E MSO, LLC
2. (a)	, , , =			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•••	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	280 PARK AVE		3657 C	ORTEZ RD. W SUITE 110
	BOCA GRANDE, FL 33291		BRADE	NTON, FL 34210
	07/30/2024		L240003	36198
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)				
i. (a)	Registered Agent and Registered Office shown on the records of NIPPERT, JASON	the Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 3657 CORTEZ RD. W. SUITE 110	ADDRES:	2)	TOTALEC -4 PHIS: 36
	BRADENTON . FI	34210		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office ac	ldress;	<u> </u>
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee	32301		
change ngent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the la Brown	register ability co of the lin limited	ed office a impany, it iited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signat	are of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I fin writing of this change. The of Registered Agent Grace E. Kirby, Asst Vice Presidents	perform ed for in (hereby c	in this ca ance of my Thapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or. if this document is being filed I the limited liability company has been

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