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	Requestor's Name)	
	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
	Business Entity Name)	
(Document Number)	 -
Certified Copies	Certificates of	Status
Special Instructions to F		

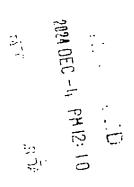
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2024 DEC -4 PH 4: 26
SECRETARY OF STATE

FILED



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	ame of the limited liability company: FITNESS QUE	ST PALM	IER RANC	H MSO, LLC				
2. (a)								
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	Mailing address of limited liability c (<u>Note: MAY BE POST OFFICE</u>				pany:	
	8588 POTTER PARK DR. SUITE 201		3657 CC	PRTEZ RD. W SUITE 110				
	SARASOTA, FL 34238		BRADENTON, FL 34210					
	07/30/2024		L2400033	36419				
3.	Date of filing/registration in Florida	 4.		Document nun	nber			
5. (a)								
(a)	Registered Agent and Registered Office shown on the records o NIPPERT, JASON	f the Florida	a Dept. of Sta	ntc:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_				
	3657 CORTEZ RD. W. SUITE 110	_			တ	2(
	BRADENTON	34210 L			TAL	1,21		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office address:		_	RETARY OF ST	2024 DEC -4 PM 4: 26	ILED	
	NEW Registered Office Address:		<u>.</u>	- 26				
	1201 Hays Street			_				
	Tallahassee	1 ₋ 32301		_				
change agent v was/w the art /s/Ala	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the ma Brown	e register lability co of the lin e limited l	ed office ar ompany, it tited liabili	nd the business of is hereby confirmity company or a mpany.	office of the med that the is otherwis	e regis se char e prov	tered ge(s)	
-	ature of a member or authorized representative of a member		e to also	Printed or typed	_			
provis the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It is writing of this change.	ree to act perform ed for in (hereby co	t in this cap ance of my Chapter 60 onfirm that	pacity. I further eduties, and I am 5, F.S. Or, if this the limited liab	agree to c i familiar v is documer ility compa	omply with an it is be my ha:	with the ad accept ing filed a heen	
Signati	are of Registered Agent Grace F. Kirby, Asst Vice Presi	dent						

Grace E. Kirby, Asst Vice President