## 124000336576

(Requestor's Name)				
(Ad	ddress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAI	L		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				
OKL S TOPAK				

Office Use Only



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2024 DEC -4 PM 12: 31

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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195  REFERENCE 806756 8431616  AUTHORIZATION : \$ 25.00				
ORDER DATE : December 3, 2024				
ORDER TIME : 9:15 AM				
ORDER NO. : 806756-015				
CUSTOMER NO: 8431616				
CHANGE OF AGENT				
NAME: FITNESS QUEST WEST VILLAGES MSO, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
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. N	ame of the limited liability company: FITNESS QUE	ST WES	TVILLA	AGES MSO, LLC
2. (a)		(	h) _	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>_</del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3479 PRECISION DR. #115		3657	CORTEZ RD. W SUITE 110
	NORTH VENICE, FL 34275	_	BRAI	DENTON, FL 34210
	07/30/2024		L2400	00336576
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(4)	Registered Agent and Registered Office shown on the records of NIPPERT, JASON	the Florid	a Dept, o	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			——————————————————————————————————————
	3657 CORTEZ RD. W SUITE 110			그 문 프
	BRADENTON FI	34210		2024 DEC -4 PH 12: 32
		·		
(b)				
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ac	ldre <u>ss</u> :	32
	Corporation Service Company			·
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
	FI			
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	register ability co of the lin	ed offic ompany nited lia	e and the business office of the registered , it is hereby confirmed that the change(s) ability company or as otherwise provided in
	na Brown	Ala	na Brov	
_	iture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	verform	ance of	my duties, and I am familiar with and accept
$\chi \gamma$	race C-Kuble			
Signati	are of Registered Agent Grace E. Kirby, Asst Vice President	dent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00